City of Hemet
Finance Department - Utility Billing
445 E Florida Avenue, Hemet, CA 92543
Phone: (951) 765-2350 | Email: CS@hemetca.gov

APPOINTMENT OF AGENT

Please complete and sign the agreement below, then return the completed form via e-mail or mail. Once we review your request, we will either confirm the change or request additional supporting documents.

Agents Appointed:**

Last Name First Name — Phone# and Type: Home ☐ Cell ☐ Work ☐

Last Name First Name — Phone# and Type: Home ☐ Cell ☐ Work ☐

Last Name First Name — Phone# and Type: Home ☐ Cell ☐ Work ☐

**Note: If a business is named instead of an individual, the business must provide the City of Hemet utility billing department with a Fictitious Name Statement. This statement should list the individuals who are signatory authority for the business.

Account Holder Information

Last Name First Name — Service Address

Phone# and Type: Home ☐ Cell ☐ Work ☐ — Account Number

Phone# and Type: Home ☐ Cell ☐ Work ☐ — E-mail

Business Name

AGREEMENT: *The applicant agrees to pay for water services provided by the Water Department of the City of Hemet at the specified premises, according to current rates, UNTIL THE SERVICE IS DISCONTINUED BY THE APPLICANT. The applicant also agrees to follow the terms and rules set by the City Council of Hemet. This contract may be changed by the City Council as needed. Deposits will be applied to the account according to policy. Unpaid balances will incur interest at the maximum legal rate. If legal action is needed, the applicant will pay reasonable attorney fees.*

I declare under penalty of perjury under the laws of the State of California that all information on this form and on all accompanying documents is true and correct.

Account Holder Signature — Date