

Office Use Only		
Scanned ☐	Int. _____	
Account #	_____	
Ref.#	_____	
Srv.#	_____	
Seq.#	_____	
Cycle#	_____	
Paid By:	CK	CA CC

City of Alhambra

Application for Water Service—*Business*

Service Turn on Date: _____ Deposit No.: _____

Date of Possession: _____ Deposit Amount: _____

Service Address _____ ☐ Owner ☐ Tenant

Business Name _____

Mailing Address _____ City _____ Zip _____

Business Owner Name _____ Social Security No. _____

Office Phone No.() _____ Emergency Phone No.() _____

Other Names Authorized on Acct. (1) _____ Password _____

(2) _____ Password _____ (3) _____ Password _____

Tax ID No. _____ Driver's License No. _____

This Agreement for service shall at all times be subject to changes or modifications by the City Council of Alhambra, CA, as said Council may, from time to time, direct in exercise of its jurisdiction. I hereby guarantee prompt payment of all bills due or to become due for service furnished in accordance with the above application.

Owner or Guarantor Signature

Tenant or Application Signature