



NEW SERVICE APPLICATION

NEW OWNERS MUST PROVIDE FINAL CLOSING ESCROW DOCUMENTATION. TENANTS MUST PROVIDE SIGNED AND DATED RENTAL/LEASE AGREEMENT.

RETURN THIS COMPLETED FORM ALONG WITH REQUIRED DOCUMENTS

Table with 4 columns: FAX (909) 784-0312, IN PERSON (437 N. Riverside Ave., Rialto, CA 92376), BY MAIL (P.O. BOX 800, Rialto, CA 92376), EMAIL (UTILITYBILLING@RIALTOCA.GOV). Includes note: A DEPOSIT WILL BE REQUIRED TO ESTABLISH SERVICE

Applicant's Name:
Service Address: Apt/Space #:
City & Zip:
Date Service to start:
Last Four Digits of SSN #: XXX-XX-
Driver's Lic. Or ID #:
Additional Applicant's Name:
Additional Applicant's SS#: XXX-XX
Additional Applicant's Driver's Lic. Or ID #:
Contact Phone #:
Alternate Phone #:
Mailing Address:
Email Address:

Business Name: Tax ID #:
Contact Name: Telephone #:
Type of Business: Business License #:

Customer Billing Information:

- A. Utility Charges are the legal responsibility of the above party. A customer will remain responsible for any utility charges until a properly completed Application for Termination is accepted by Rialto Water Services.
B. In addition to legal action against the responsible party, failure to pay such charges when due may result in disconnection of service and/or any past due balance being applied to annual property taxes.
C. All new water accounts are subject to a new occupant fee of \$31.80

All services will be completed the following business day. *Same day service may be available at an additional fee.*

Applicant's Approval:

The undersigned certifies that the above billing contact information is correct, he/she has read and understands paragraphs A, B & C under the section captioned "Customer Billing Information".

Print Name:
Signature: Date:

(FOR OFFICE USE ONLY)

Account Number: Deposit Amount:
Employees Initials: Date Received:



APLICACION PARA NUEVO SERVICIO

NUEVOS PROPIETARIOS DEBEN PROPORCIONAR DOCUMENTACION DEL CIERRE DE FIDEICOMISO
INQUILINOS DEBEN PROPORCIONAR CONTRATO DE ARRENDAMIENTO FIRMADO Y FECHADO

DEVUELVA ESTA SOLICITUD COMPLETA JUNTO CON LOS DOCUMENTOS REQUERIDOS

Table with 4 columns: FAX (909) 784-0312, EN PERSONA (437 N. Riverside Ave., Rialto, CA 92376), POR CORREO (P.O. BOX 800, Rialto, CA 92376), CORREO ELECTRONICO (UTILITYBILLING@RIALTOCA.GOV)

UN DEPOSITO SERA REQUERIDO PARA ESTABLECER EL SERVICIO

Form fields for applicant information: Nombre del Solicitante, Domicilio Del Servicio, Apt/Espacio #, Ciudad/Codigo Postal, Fecha de Inicio del Servicio, etc.

Form fields for business information: Nombre Del Negocio, Tax ID #, Nombre de Contacto, Telefono #, Clase de Negocio, # de Licencia Comercial

Informacion de facturacion del cliente:

- A. Los cargos de la Utilidad son la responsabilidad legal del cliente de arriba. El cliente seguira siendo responsable por cualquier cargo de utilidad hasta que Rialto Water Services reciba y acepte una solicitud de terminacion cual esta debidamente completa.
B. Ademas de acciones legales contra el responsable, falta de pagos de tales cargos cuando debidos puede resultar en desconexion de servicio y/o que el balance sea aplicado a los impuestos anuales de la propiedad.
C. Todas las cuentas nuevas de agua estan sujetas a un cargo de Nuevo Ocupante de \$31.80

Todos los servicios se completaran al siguiente dia laborable. *Servicio de mismo dia esta disponible a un costo adicional*

Aprobacion del solicitante:

El firmante certifica que la informacion de contacto de facturacion anterior es correcto, y El o Ella ha leído y entendido los parrafos A, B, y C en la seccion titulada "Informacion de facturacion del cliente".

Form fields for signature: Nombre, Firma, Fecha

(FOR OFFICE USE ONLY)

Form fields for office use: Account Number, Deposit Amount, Employees Initials, Date Received