



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

UTILITY SERVICES APPLICATION FOR MULTI-DWELLING

To check if your address is in our service area, visit HEMETCA.GOV and go to Services > Establishing Services.

Sign and email completed form along with the required documents to CS@hemetca.gov

FOR OFFICE USE ONLY		
Deposit Paid:		
Account#:	Customer#:	
Meter#:	Initial Read:	Test Backflow by:
EDU (REFER TO CONVERSION FORMULA):	Entered by:	Date:

Same Day Service Requested? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Same day service/ afterhours fees may apply)</small>		Service Start Date:	
Service Address:			APN#:
Multi-Residential:	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> TRIPLEX	FOUR +: _____ <small># OF UNITS</small>
HMPARK/RV PARK: _____ <small># OF UNITS</small>			
List of addresses (if you have additional units to report, please attach a separate sheet):			

APPLICANT / BUSINESS INFORMATION	
BUSINESS NAME:	
Applicant Name:	
Mailing Address: <small>(if different than service address)</small>	
Fed Tax ID or SSN#	<i>*Attach copy of EMWD Clearance letter</i> City of Hemet Business License#:
Phone#:	Email:
On-site Point of contact:	Billing Point of contact:
Phone:	Phone:
Email:	Email:
Is the business owner the same as the property owner:	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please complete the section below) <i>*Proof of ownership is required</i>
PROPERTY OWNERSHIP INFORMATION	
Property Owner Name:	
Owner Mailing Address:	
Owner Phone#:	Owner Email:

**Required documents*

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 application and on all accompanying documents is true and correct.***

Applicant Signature

Date