



City of Del Mar – Finance Dept.
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Del Mar, CA 92014
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www.delmar.ca.us

CITY OF DEL MAR UTILITY SERVICE APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION:

SERVICE START DATE: _____ SERVICE ADDRESS: _____

NAME OF RESPONSIBLE PARTY: _____

ARE YOU THE PROPERTY OWNER: _____ YES _____ NO

IF YOU ARE NOT THE PROPERTY OWNER PLEASE PROVIDE PROPERTY OWNER'S:

NAME _____ PHONE _____

MAILING ADDRESS _____

CITY ST ZIP CODE

BUSINESS NAME (IF APPLICABLE) _____

MAILING ADDRESS _____

(IF DIFFERENT FROM SERVICE ADDRESS) CITY ST ZIP CODE

PHONE (HOME) _____ (CELL) _____ (EMAIL) _____

DRIVERS LICENSE #: _____ LAST 4 SOCIAL SECURITY # _____ DOB _____

EMPLOYER _____ PHONE _____

CO-APPLICANT'S DRIVERS LICENSE#: _____ LAST 4 SOCIAL SECURITY # _____ DOB _____

CO-APPLICANT'S EMPLOYER: _____ PHONE _____

****COPIES OF A GOVERNMENT-ISSUED PHOTO ID MUST ACCOMPANY THIS APPLICATION ****

I HEREBY APPLY FOR UTILITY SERVICE AT THE ABOVE PREMISES AND AGREE TO USE AND PAY THEREFORE IN ACCORDANCE WITH THE RATES, RULES AND REGULATIONS LEGALLY IN EFFECT AND ON FILE AT DEL MAR CITY HALL. CITY ORDINANCE REQUIRES A DEPOSIT BE MADE FOR EACH ACCOUNT WHICH WILL BE BILLED TO THE ACCOUNT AND WILL APPEAR ON YOUR FIRST BILLING STATEMENT. THIS DEPOSIT IS TO BE ON FILE FOR 12 CONSECUTIVE BILLING PERIODS (2 YEARS). AT THE COMPLETION OF 12 BILLING PERIODS WITH NO LATE CHARGES ASSESSED, THE DEPOSIT WILL BE APPLIED TO THE ACCOUNT. IF THE ACCOUNT IS CLOSED, THE DEPOSIT IS APPLIED TO THE CLOSING BILL OR RETURNED. CUSTOMER ACKNOWLEDGES THAT UNLESS CUSTOMER NOTIFIES CITY AT LEAST ONE BUSINESS DAY IN ADVANCE THAT CUSTOMER DESIRES TO STOP UTILITY SERVICE, CUSTOMER WILL BE RESPONSIBLE FOR ALL UTILITY CHARGES UNTIL THE CITY RECEIVES NOTIFICATION.

I/WE HAVE READ AND UNDERSTAND ALL OF THE ABOVE:

SIGNATURE OF APPLICANT (S):

SIGNATURE

DATE

SIGNATURE

DATE

****IT IS RECOMMENDED THAT YOU CONTACT THE FINANCE DEPARTMENT SHORTLY AFTER FAXING OR MAILING, TO CONFIRM RECEIPT OF THIS APPLICATION AND START OF SERVICE DATE.****