



CITY OF AMERICAN CANYON
Administrative Services Dept – Utility Billing
 4381 Broadway, American Canyon, CA 94503
 Phone No. 707-647-4364 • Fax No. 707- 643-2371
 www.cityofamericancanyon.org

Water and Sewer Service Request - Residential

Account No. _____

Today's Date _____

Name(s) _____

Service Address _____

Previous Address _____

Mailing Address _____

Home Phone No. _____

Alt. Phone No. _____

Employer Name _____

Employer Phone _____

E-mail _____

Driver's License Number _____

Amt Paid _____ Receipt# _____

Owner \$48 Fee

Check here to have the fee billed

Escrow Closing Date _____

Move-in/Service Start Date _____

Tenants/Realtors \$48 Fee & \$76 Deposit

Check here to have the fee billed. Deposit must be paid.

Move-in/Service Start Date _____

Home Owner's Name _____

Home Owner's Phone No. _____

Property Mgmt. Co. _____

Property Mgmt. Ph. No. _____

Date of Birth _____

- *I understand that water service will be furnished and used with the rules, regulations, and ordinance of the City of American Canyon Water Department, and I further understand the Water Department does not in any manner guarantee continuous delivery of water on demand nor does it assume any responsibility for damages which may occur due to an interruption of water delivery. Once your account number is established you can sign up for Online Bill Payment at the above website.*
- *I hereby guarantee payment of all costs for water and sewer services rendered to this property in accordance with this application and agree to immediately notify the City of American Canyon Water Department of any changes to this account.*
- *I am hereby notified that a 10% Penalty and 0.5% Interest will be assessed to my account if payment is not received by the due date. If my bill becomes past due and payment is not received on time, my service will be turned off until I pay the past due amount plus the reconnection fee.*
- *I understand that I will be charged \$25.00 for the 1st returned check and \$35.00 for each subsequent return within a 1 year period.*
- *I further understand that I must comply with the regulation of the Department of Health, State of California, in the use of water and particularly the "Cross Connection Regulations."*

FOR FINANCE USE ONLY:

WATER RATE ATTACHED _____ IR OR

SEWER RATE ATTACHED _____ IR OR FLOS

DATE _____ READ _____

Applicant's Signature _____