

**SANTA CRUZ MUNICIPAL UTILITIES
SCMU SERVICE APPLICATION FOR CITY RESIDENTIAL UNITS**

SECTIONS 1 AND 11 MUST BE FULLY COMPLETED TO OPEN THE ACCOUNT.

**CITY RESIDENTS ARE REQUIRED TO HAVE WATER, SEWER AND GARBAGE SERVICES
PER THE CITY MUNICIPAL CODE.**

SECTION I. PLEASE PRINT

Service Address: _____
Street City Zip

Previous Service Address in Santa Cruz within the last 24 months: _____

Date to Begin Service: _____ excludes weekends and holidays

Garbage service: 20 gallon cart - 39 inches tall - \$14.49mo
(In-City 32 gallon cart - 39 inches tall - \$23.37/mo *Meter reading and billing*
customers only) 68 gallon cart - 43 inches tall - \$50.09/mo *are done monthly*

A 7% utility tax and a 12% franchise tax are charged on these amounts.
Rates for single family and **each** unit of a multi-residential unit. Rates effective 7/1/07.

Multi-residential units are required to have a minimum of one can per unit.

SECTION II. PLEASE PRINT

Customer Name: _____
Last First MI

Mailing Address: _____
Street Address
City State Zip

Home Phone #: _____ Daytime phone #: _____

Driver's License #: _____ # of people: _____ # of units: _____

A \$20.00 service application fee will be charged to your first bill. If you have previously had service with the City and incurred 3 late charges within a 12-month period, or have defaulted on an account, a \$75.00 deposit is required within 10 days of this application. **If an account is turned off for non-payment, there will be a \$40 fee to turn the water back on weekdays from 8 a.m. to 4 p.m. The after-hour/weekend fee will be \$130.**

The undersigned accepts responsibility for payment of utility bills, and agrees to abide by all rules and regulations governing service, which are established by the City Council. Failure to comply may result in termination of your water service.

Signature: _____ Date: _____

SECTION III. OFFICE USE ONLY

Account #: _____ Meter #: _____ Location: _____

Field Remarks: _____ Deposit Receipt #: _____