



CITY OF AMERICAN CANYON
Finance Department – 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

Today's Date _____

Name(s) _____

Owner \$52 Fee

Proof of ownership must be attached

Service Address _____

Escrow Closing Date _____

Previous Address _____

Move-in/Service Start Date _____

Mailing Address _____

Tenants/Realtors \$52 Fee & \$76 Deposit

Deposit must be paid before service is started

Home Phone No. _____

Tenants must include a copy of their lease or rental agreement that includes contact information for the owner or property management

Alt. Phone No. _____

For Real Estate Agents or Property Management Companies:

Employer Name _____

FEIN _____

Employer Phone _____

American Canyon Business License

E-mail _____

Number _____

Driver's License Number _____

Date of Birth _____

Applicant's Signature _____

- 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:

Account No. _____

Amount Paid: _____

Water Rate Correct

Receipt #: _____

Sewer Rate Correct

Service Request Sent

Application Fee Billed

Read _____ Read Date _____

Entered by: _____

Service Request Closed