



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

**Request for Name Change Only on
Residential Water/Sewer Account**

Today's Date _____

New Name _____

Owner OR Tenant

PREVIOUS Name _____

*You may be required to provide proof of
ownership or current tenant agreement*

Service Address _____

Mailing Address _____

Home Phone No. _____

Alt. Phone No. _____

Employer Name _____

Employer Phone _____

E-mail _____

Driver's License Number _____

Date of Birth _____

**By signing this agreement, I understand I
am assuming the account previously
under a different name including but not
limited to any balances, unpaid bills, bills
in process or other charges associated
with the account for this specific address.**

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 signup 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. _____

Verification Necessary _____

DATE ENTERED & SCANNED _____ BY _____