

# CITY OF HEALDSBURG UTILITY SERVICE APPLICATION



The City of Healdsburg (aka "City") provides electric, water, sewer, and drainage services to residential and commercial customers within City limits. A completed application for service must be submitted, and a deposit requirement satisfied, before services start. The City's Utility Billing Policy, service rates, and FAQ's can be found @ <https://www.ci.healdsburg.ca.us/172/Utility-Billing-Customer-Service>.

Service Request (check one):  START  STOP  TRANSFER

Applicants Role (check one):  OWNER  TENANT  MANAGEMENT COMPANY

**Service Address:** \_\_\_\_\_

**Effective Date (start/stop/transfers cannot be scheduled for weekends or holidays):** \_\_\_\_\_

Mailing Address (if different from Service Address): \_\_\_\_\_

**Applicant/Account Holder Name:** \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security # or Business Tax ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # & State Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Co-Applicant/Co-Account Holder Name:** \_\_\_\_\_

Phone # (w/area code): \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # & State Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

**In consideration for receiving utility services from the City of Healdsburg for the address noted above, I/we hereby acknowledge responsibility for payment of all related utility service billings and, I/we will remain responsible for such billings until the account is closed.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location & Mailing Address: 401 Grove Street, Healdsburg CA 95448/Phone: (707) 431-3307 and Facsimile: (707) 431-3171  
24-Hour Utility Response Hotline (707-431-7000 or Toll Free (855)755-6586

Please Email Completed Applications & Supporting Documents to: [utilitybilling@ci.healdsburg.ca.us](mailto:utilitybilling@ci.healdsburg.ca.us)

## FOR INTERNAL USE ONLY:

Account #: \_\_\_\_\_ CSR Initials: \_\_\_\_\_ Entered Date: \_\_\_\_\_

Active Services: (check all that apply):  Electric  Water  Sewer  Drainage

Deposit\* (check one):

Established Credit: Prior Account/Customer Number \_\_\_\_\_

Letter of Credit: Utility Name \_\_\_\_\_

Paid Deposit: Amount \_\_\_\_\_ Receipt Number \_\_\_\_\_

Guarantor: Customer/Owner Name \_\_\_\_\_ Account # \_\_\_\_\_

Remarks: \_\_\_\_\_

\*Tape deposit receipt to back of this page or staple the Letter of Credit/Guarantor Agreement to the back of this form.