



**CITY OF UPLAND**  
 460 N Euclid Ave, Upland, CA 91786  
 PO Box 460, Upland CA 91785  
 (909) 931-4150

**Account Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPLICATION FOR CITY SERVICES**

PLEASE PRINT

**Utility Accounts:**

Applicant Name: \_\_\_\_\_ / Second Applicant Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Address City State Zip

Service Address: \_\_\_\_\_  
Address City State Zip

Social Security Number *or* Tax ID # \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Has applicant had prior utility service account in Upland? YES / NO If so, where? \_\_\_\_\_

**Commercial Accounts Only: Business License Number:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

Alternate Contact / Landlord (circle one) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Alternate Telephone Number: (\_\_\_\_) \_\_\_\_\_ Type: L=Landlord E=Emergency F=Family N=Neighbor

To establish refuse service for commercial accounts, please contact Burrtec Waste Industries at (909) 949-0500.

I currently have  do not have  an active alarm system at this property. If I choose to install an alarm system at a later date, I will obtain a permit for a fee of \$35 with the City of Upland.

I currently have  do not have  a dog on the premises. I am aware that a dog 6 months or older must be licensed through the City of Upland within 30 days, a current rabies certificate must be provided to obtain a license.

I  intend  do not intend to operate a business out of my home. If I choose to open a home based business in the future, I will submit a business license application for a fee of \$15 and if approved, will pay all applicable fees.

I am interested  not interested  in enrolling in the City's EFT program. I will need to complete and sign the form, and provide a voided check to enroll in the program.

Service Start Date: \_\_\_\_\_

Please start service on the above date. If it is not possible for me to be present at the time the water service is to be connected, I will assume responsibility for any water damage caused as a result of this turn-on.

Service Discontinuance Date: \_\_\_\_\_

I am requesting service discontinuance for the above stated service address on the above date.

**I am aware there is an Advance Payment required to begin service. The Advance Payment will be refunded back to my account after 12 consecutive months of timely payments or when my account is closed, whichever occurs first. In addition, I am aware that all Advance Payments are NON-TRANSFERABLE.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CITY USE ONLY**

**Account Type:** **R C A C D G S L**  
Residential/Commercial/Apts/Condo/Govt/School/Landscape

**Account Class:** **O R C P**  
Owner/Renter/Commercial/Prop.Mgr

**City Code:** **I O**  
Inside / Outside

**Fee Generation: (circle one) Advance Payment \$** \_\_\_\_\_ **SW-\$30, RF-\$50, 0-\$90, R-\$130**

Service Turn on / Same Day 8:00am – 4:30pm: T1=\$20  
 Reconnection Fee 8:00am – 4:30pm: R1=\$40

Service Turn-on / Same Day After 4:30pm: T2=\$54  
 Reconnection Fee After 4:30pm: R2=\$80