

City of Westmorland
355 South Center Street - Post Office Box 699
Westmorland, California 92281
Tel. (760) 344-3411 Fax (760) 344-5307

APPLICATION FOR WATER, TRASH AND SEWER SERVICES

EFFECTIVE DATE: _____ TELEPHONE No. _____

CUSTOMER NAME: _____

LOCATION ID/ADDRESS: _____

MAILING ADDRESS: _____

*E-MAIL ADDRESS (Optional): _____

***Please provide your email address if you would like to enroll in paperless billing**

OWNER RENTER

DEPOSIT CASH/ DATE
AMOUNT: _____ CHECK No. _____ RECD: _____ RECEIPT No.: _____

CUSTOMER SIGNATURE : _____ Date : _____

NOTES: _____

***A \$200.00 Deposit is required on ALL NEW ACCOUNTS.**

DO NOT WRITE BELOW THIS LINE / OFFICE USE ONLY

Location Id. _____ **To be Completed by Public Works:**

Account No. _____ Maintenance Request No. _____

Section Code: _____ Public Works Person: _____

Month to start Billing: _____ Meter Read: _____

Month Billed For: _____ Date Read: _____

Notified CR&R: Date: _____

Entered in Customer Billing list: Date: _____

Information & Deposit
entered into Computer by: _____ Date: _____