



City of Westmorland

Application for Service

Utility Department

355 South Center Street Westmorland CA. 92281

Phone (760)344-3411 / Fax (760) 344-5307

Email: info@cityofwestmorland.net

Name on Account: \_\_\_\_\_

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

Deposit: \$ \_\_\_\_\_

- CASH
- CHECK

Type of Applicant:

- Owner
- Tenant
- Realtor
- Commercial
- Other: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ID Number: \_\_\_\_\_

Type:

- Driver License
- Identification Card

Location of Service: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I hereby pay for all charges for city services to the above premises, as established by ordinance and resolution adopted from time to time by the City of Westmorland**

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

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### Owners/Realtor/Property Manager

**I hereby authorize the above- named tenant to receive city services on the above property, and guarantee the payment of all charges, under the provisions of ordinance and resolution of the City of Westmorland, as adopted or amended from to time.**

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date: \_\_\_\_\_ Owner Signature: \_\_\_\_\_

**REQUIREMENTS: \* MINIMUM DEPOSIT OF \$200.00 (TENANTS, OWNERS & REALTORS  
\*LEASE AGREEMENT OR ESCROW DOCUMENTS**