

APPLICATION FOR WATER, SEWER, AND/OR GARBAGE SERVICES

LOCATION OF REQUESTED SERVICES _____

NAME _____

DRIVER'S LICENSE NO. _____ PHONE NO. _____

CURRENT ADDRESS _____ Last four of SSN: _____

MAILING ADDRESS (if different from above) _____

SERVICES REQUESTED: Water Sewer Garbage

THE SERVICE(S) REQUESTED IS/ARE FOR PROPERTY I: Own Rent/Lease Other _____

TYPE OF SERVICE:

- Residential Commercial
 Construction Industrial

TYPE OF STRUCTURE: (check all that apply)

- Existing Structure Manufactured Home
 Construction Site Modular Home
 New Structure
 Other _____

Building Permit Number _____ Business Registration Number _____

Manufactured Housing Permit Issued (date) _____

Other Accounts with the City of Carlsbad:

I have never had City water, sewer, or garbage services before this time.

Address of current / past service _____

METHOD OF PAYMENT:

- Check Cash Money Order Travelers Check

Credit Card - - - Exp. Date _____

SEWER DEPARTMENT REVIEW

Sewer Available
 Yes No
Sewer Size _____ in.
By _____

SOLID WASTE DEPARTMENT REVIEW

Container Size _____ cy
Collection Frequency _____ /week
Charge _____
Date Installed _____
By _____

LICENSING & PERMITS' REVIEW

Building Permit / Manufactured Housing Permit Verified: Yes No N/A
Business Registration Verified: Yes No N/A Sewer Connection Permit Verified: Yes No N/A
Inside City Limits Yes No

Reviewed By _____ NOTES _____

FINANCE DEPARTMENT'S REVIEW

New Service:	Yes	No	Amount	Previous Service:	Yes	No	Amount
Existing Liens	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Existing Liens	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Pending Liens	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Pending Liens	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Outstanding Balance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Outstanding Balance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
No Responsibility	<input type="checkbox"/>	<input type="checkbox"/>		No Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	

Reviewed By _____

NOTES _____

Applicant's Signature _____ Date _____