



**BILLING & COLLECTIONS OFFICE
UTILITY SERVICE APPLICATION**

Rev. 02/2023

Revenue Division
1685 Main Street, City Hall East Building, Santa Monica, CA 90401
Phone: 310-458-8224 ext.1 | Fax: 310-656-9175
Email: billing.collections@santamonica.gov
Website: finance.smgov.net/utility-billing
**Office Hours: Monday—Thursday 8:00am to 5:00pm,
Alternate Fridays 8:30am to 4:30pm**

**Do not mail this application—receipt by email, fax or in person.
SERVICE MAY BE DELAYED OR DENIED IF APPLICATION IS INCOMPLETE.
Commercial and Multi-Unit buildings require an additional application for refuse service**

APPLICANT INFORMATION (* indicates required field)

1a* Name of Responsible Party:

1b* Name of Primary Contact:

2*	Service Address						
		<i>Number</i>	<i>Street</i>	<i>Unit#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	Service Start Date					Driver's License #:	State Issued:
		<i>MM</i>	<i>DD</i>	<i>YYYY</i>			

3*	<input type="checkbox"/> Check here if <u>you are the owner</u> of the property. A Santa Monica Business License is required for leasing & subleasing of Commercial and Residential property.	Santa Monica Business License #:
	<input type="checkbox"/> Check here if <u>you are the tenant</u> who is renting, leasing, or subleasing the service address.	
	<input type="checkbox"/> Check here if <u>this is a commercial property</u> and indicate business type here:	

4*	Mailing Address						
		<i>Number</i>	<i>Street</i>	<i>Unit#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

5	Home Phone#:	Business Phone#:	Cell Phone#:
	Email Address (to receive electronic correspondence):		

IF RESPONSIBLE PARTY IS A RENTER OR PROPERTY MANAGER, MUST PROVIDE PROPERTY OWNER'S INFORMATION

6	Property Owner's Name:						
	Primary Phone #:	Secondary Phone #:					
	Mailing Address:						
		<i>Number</i>	<i>Street</i>	<i>Unit#</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Electronic Billing & Correspondence Authorization

I hereby authorize the City of Santa Monica to commence electronic billing and cease issuance of a paper billing. The City of Santa Monica is authorized to send me electronic correspondence at the email address provided above in section 5 of this form until authority is revoked in writing.	(Initials) _____
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Please turn the page over to complete the form

OFFICE USE ONLY

Main Account #	Last Read	Other Account	Account #
		Irrigation	
Customer #	Start Date	Fire Line	
		Fire Inspection	
		CUPA	

DEPOSIT CONFIRMATION (CHOOSE ONE OPTION)

<p>A) I am a new applicant and I understand that a deposit of \$_____ is required to establish service.</p> <ul style="list-style-type: none">• W-9 form is due upon submission of your application. <p>B) To waive the application deposit, I currently have or have previously had utility service with the City of Santa Monica within the last twelve (12) months. My other City of Santa Monica utility account number is/was _____.</p> <ul style="list-style-type: none">• Account name must match applicant name. <p>C) To waive the application deposit, I do not currently have a previous utility service with the City of Santa Monica, and therefore I'm attaching a letter of good standing credit from another utility company, my landlord, or other proof of good credit. If other proof of credit is provided, please specify: _____.</p>	<p>(Initials)</p> <p>_____</p>
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Per Santa Monica Municipal Code Section 7.12.130, after a customer account record has been satisfactory for six consecutive billing periods, interest shall be applied to the account after one year at a rate of one percent less than the average interest received by the City on invested funds for the preceding year, determined quarterly. If the rate of return on invested funds is 1% or less, no interest shall be paid. Deposits refunded to the customer shall be without interest. Per IRS ruling, any interest earned over \$10 must be reported on Form 1099. Please fill out the attached W9 for our records. All information is for the confidential use of the City of Santa Monica's Billing Office.

ACKNOWLEDGEMENT CONFIRMATION

<p>I hereby request that the City of Santa Monica provide the services of Water, Sewer and Refuse at the service address and on the effective date indicated on the reverse side. I agree to abide by the provisions of Chapter 7.12 of the City of Santa Monica Municipal code and promise to pay all rates, charges and fees established by the City of Santa Monica for utility services at this service address, including any late fees that may be assessed for failing to pay by the due date. Failure to pay all rates, charges and fees may result in the discontinuance of all water services provided by the City of Santa Monica. I understand that if my account becomes delinquent it may also be referred to a collection agency and could be reported to the credit reporting bureaus.</p>	<p>(Initials)</p> <p>_____</p>
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<p>I understand that a deposit of \$_____ (check if not applicable), proof of credit history with another utility, or proof of prompt payment of rent is required to establish utility services. The deposit and interest, if applicable, may be credited against the account after six (6) consecutive billing periods or applied toward any closing bills if less the six periods; however, any person establishing service under this agreement who has a poor payment history or who owes past due amounts at any other service address within the City will not have this or any deposit returned or credited until a payment history without late payments has been established for six (6) consecutive billing periods and / or all obligations for past due amounts are paid to the City.</p>	<p>(Initials)</p> <p>_____</p>
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<p>I understand that if the service address is a rental property, and I am the owner, I agree and promise to pay all rates, charges, and fees established by the City of Santa Monica for utility services at this service address during unoccupied periods, including periods in which a tenant fails to request service.</p>	<p>(Initials)</p> <p>_____</p>
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<p>I understand that failure to resolve a delinquency may result in any legal means to collect the delinquent balance, including but not limited to your account being placed with a collection agency. You may be required to pay the full balance of your account plus additional fees. In the event the City of Santa Monica is required to pursue legal action, the service recipient shall be liable for attorney fees and cost, as well as costs associated with the discontinuance of service and any subsequent resumption of service.</p>	<p>(Initials)</p> <p>_____</p>
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<p>This agreement is made solely with the applicant listed on the reverse side. All changes shall be reported to the Billing & Collections Office within ten (10) calendar days. If this service address is a rental property, I understand that I must maintain a valid City of Santa Monica Business License; additionally if this is a multifamily building and multiple units are serviced by one meter, I must provide verifiable proof of ownership change to cancel this agreement.</p>	<p>(Initials)</p> <p>_____</p>
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<p>I have read and understand these conditions and request water, sewer and refuse services as provided by the City of Santa Monica.</p>		
_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Date</i>
_____ <i>Print Name</i>		

IMPORTANT NOTICE

IT IS YOUR RESPONSIBILITY TO NOTIFY THE BILLING OFFICE WHEN THIS SERVICE IS NO LONGER REQUIRED BY YOU. IF YOUR ACCOUNT IS FOR A MULTIPLE-UNIT DWELLING, IT WILL NOT BE CLOSED UNTIL A "UTILITY SERVICE CANCELLATION" FORM IS SUBMITTED TO THE BILLING & COLLECTIONS OFFICE. YOU WILL BE RESPONSIBLE FOR ALL CHARGES UNTIL THIS FORM IS FILED WITH OUR OFFICE.

Santa Monica Municipal Code Section 9.51.020(A)(1)(d) dwelling, multi-family.

If you require this application in an alternate format, please call (310) 458-8224 ext.1 or email billing.collections@santamonica.gov



CITY OF SANTA MONICA
 NEW CUSTOMER REFUSE SERVICE AND RENTAL APPLICATION
 FOR COMMERCIAL AND MULTI-FAMILY CUSTOMERS
 Effective 7/1/2022

Section 5.08.210 of the Santa Monica Municipal Code provides that the owner, manager, or authorized agent of the owner of any place of business, multiple dwelling, or apartment house may request the City furnish them with bin-type refuse containers. The bi-monthly charges for these bins shall be in addition to the regular bi-monthly dwelling unit charges and/or charges based on meter size for street sweeping. The City shall determine the number of bins to serve their property. The bi-monthly rates established for renting these refuse bins shall be as follows:

APARTMENT RENTAL RATES

	1/ wk service	2/wk service	3/wk service	4/wk service	5/wk service	6/wk service
2 cu yd bins	\$182.54	\$365.10	\$547.63	\$730.14	\$912.70	\$1095.23
3 cu yd bins	\$275.40	\$550.82	\$826.23	\$1,101.65	\$1,377.06	\$1,652.37
4 cu yd bins	\$365.10	\$730.15	\$1,095.25	\$1,460.31	\$1,825.42	\$2,190.48
300 gallon container*	\$174.53	\$349.06	\$523.59	\$698.13	\$872.67	n/a

COMMERCIAL RENTAL RATES

	1/ wk service	2/wk service	3/wk service	4/wk service	5/wk service	6/wk service	7/wk service
2 cu yd bins	\$157.20	\$314.44	\$471.63	\$628.84	\$864.68	\$943.29	\$1,100.50
3 cu yd bins	\$212.82	\$425.61	\$638.45	\$851.27	\$1,064.07	\$1,276.87	\$1,489.71
4 cu yd bins	\$314.41	\$628.84	\$943.25	\$1,257.68	\$1,572.09	\$1,886.52	\$2,200.93
300 gallon container*	\$145.70	\$291.41	\$451.99	\$602.65	\$753.32	n/a	n/a

*(must remain in the alley)

PLEASE PROVIDE THE ADDRESS WHERE BIN IS TO BE DELIVERED:

Service Address _____

___ Number of Dwelling Units
 ___ Number of Business Units
 ___ Number of Locks Required

Refuse:

of containers requested: 2 cu yd bins 3 cu yd bins 4 cu yd bins 300g carts

Frequency of collection: 1/wk 2/wk 3/wk 4/wk 5/wk 6/wk 7/wk

Recycling**: Qty. _____ Size _____ Freq. _____ Food Waste**: Qty. _____ Size _____ Freq. _____

**There are currently no separate charges for these services.

Will bin(s) be located more than 10 feet onto private property? Yes No

(If necessary for the requested bins to be placed on private property (more than 10 feet from the alley or street right-of-way), an additional bi-monthly charge per bin will be accessed.)

Existing Bins on site: Refuse Recycling Organics/Green Waste or Food Waste

I hereby agree to notify the City of Santa Monica's Resource Recovery & Recycling Division in the event of relocation or closure of the account.

Business Name: _____

Applicant signature: _____ Date _____

Print Name: _____ Tel. No.: _____

Relationship to property, please select one: Owner Manager Authorized Agent