

**SANTA CRUZ MUNICIPAL UTILITIES
SCMU SERVICE APPLICATION FOR CITY RESIDENTIAL UNITS**

SECTIONS 1 AND 11 MUST BE FULLY COMPLETED TO OPEN THE ACCOUNT.

**CITY RESIDENTS ARE REQUIRED TO HAVE WATER, SEWER AND GARBAGE SERVICES
PER THE CITY MUNICIPAL CODE.**

SECTION I. PLEASE PRINT

Service Address:

Street _____ City _____ Zip _____

Previous Service Address in Santa Cruz
within the last 24 months: _____

Date to Begin Service: _____ excludes weekends and holidays

Garbage service: ___ 20 gallon cart - 39 inches tall - \$16.16/mo
(In-City ___ 32 gallon cart - 39 inches tall - \$26.05/mo *Meter reading and billing*
customers only) ___ 68 gallon cart - 43 inches tall - \$55.84/mo *are done monthly*

An 8.5% utility tax and a 12% franchise tax are charged on these amounts. *Utility tax rate change 2/1/11*

Rates for single family and **each** unit of a multi-residential unit. Rates effective 7/1/09.

Multi-residential units are required to have a minimum of one can per unit.

SECTION II. PLEASE PRINT

Customer Name:

Last _____ First _____ MI _____

Mailing Address:

_____ Street Address _____

_____ City _____ State _____ Zip _____

Home Phone #: _____ Daytime phone #: _____

Driver's License #: _____ # of people: _____ # of units: _____

A \$20.00 service application fee will be charged to your first bill. If you have previously had service with the City and incurred 3 late charges within a 12-month period, or have defaulted on an account, a \$75.00 deposit is required within 10 days of this application. **If an account is turned off for non-payment, there will be a \$40 fee to turn water back on Mon-Thurs from 8 a.m. to 3:30 p.m. The after-hour/weekend fee will be \$130.**

The undersigned accepts responsibility for payment of utility bills, and agrees to abide by all rules and regulations governing service, which are established by the City Council. Failure to comply may result in termination of your water service.

Signature: _____ Date: _____

SECTION III. OFFICE USE ONLY

Account #: _____ Meter #: _____ Location: _____

Field Remarks: _____ Deposit Receipt #: _____