



City of Pismo Beach
Administrative Services Department
 760 Mattie Road
 Pismo Beach, CA 93449
 (805) 773-4655
 ub@pismo beach.org

Tenant Deposit: \$180.00

- Cash or Check only
- Required prior to effective start of services.
- Credited towards final statement of closed utility account.

Account Set-Up Fee: \$60.00

- One-time fee billed on first bill.

TENANT APPLICATION FOR WATER & SEWER SERVICE

New Account #: _____ **Today's Date:** _____ **Effective Start Date:** _____

Service Address: _____

Name: _____ **Spouse/Partner:** _____

Mailing Address (if different from Service Address): _____

Mailing City, State & Zip: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Driver's License #:** _____

Employer Name: _____ **Occupation:** _____

Employer Address: _____

Employer City, State & Zip: _____

Employer Phone: _____

Emergency Contact: (For detected leaks, billing questions, etc.)

Name: _____

Address: _____

Phone: _____

The City of Pismo Beach is pleased to offer an online utility bill payment site for your convenience. Please refer to your first billing statement for the link and account information necessary to register. For additional instructions on how to register, please contact our office or visit <https://pismo beach.merchantransact.com>

By signing below, I agree that I am responsible for payment of any and all fees and charges generated for water and sewerage service, and refuse and recycling services, and to comply with all regulations of the City pertaining to such services, if applicable, to the above property. I also agree that I shall continue to be liable for said charges until the Administrative Services Department of the City of Pismo Beach has received written notice from me to discontinue such services. I agree to make a refundable security deposit, to pay a new customer fee, and to abide by all regulations pertaining to the provision of water and sewerage services by the City of Pismo Beach Municipal Code.

Signature _____ **Date** _____

Office Use Meter Reading: _____ Date Read: _____

CLOSE: S.B. Acct#: _____ W. Acct #: _____ Name: _____

Billing Address: _____