



UTILITY SERVICES REQUEST

- RESIDENTIAL
- COMMERCIAL/MULTI-FAMILY
- HYDRANT SERVICE
- ABANDONED PROPERTY

START DATE: _____

ARE YOU: TENANT OWNER

NAME _____

SERVICE ADDRESS: _____ SOLEDAD, CA 93960

BILLING ADDRESS (If different): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

*SOCIAL SECURITY: _____

DRIVERS LICENSE OR IDENTIFICATION NUMBER: _____

*IF TENANT, PLEASE ALSO COMPLETE:

*OWNER'S NAME: _____

*OWNER'S ADDRESS: _____

*OWNER'S TELEPHONE: _____

Would you like to receive notification of Past-Due account status? Yes No / Voice Text Message Both

GARBAGE SERVICE: Please choose one:

- 48 Gallon Can (\$41.99) 64 Gallon Can (\$64.25) 96 Gallon Can (\$86.65)

NEED NEW CONTAINERS? YES - NO; Trash, Yard Waste, Or Recycle? _____

X _____

Signature of Person Requesting Service

OFFICE USE ONLY	ENTERED BY:
ACCOUNT NO:	WATER ON:
DEPOSIT.:	READING:
NOTES:	

PLEASE NOTE: THESE ARE MONTHLY CHARGES

\$18.83 (5/8”), \$28.12 (3/4”), \$46.87 (1”), **Meter Charge + Water** – Water is Charged According to Consumption

\$71.01 **Residential Sewer - Multifamily** \$50.86

\$41.99 **Garbage** – One 48 gallon can pickup *(Garbage Coll. \$26.23 + Landfill \$15.76 = \$41.99)

\$64.25 **Garbage** – One 64 gallon can pickup *(Garbage Coll. \$33.64 + Landfill \$30.61 = \$64.25)

\$86.65 **Garbage** – One 96 gallon can pickup *(Garbage Coll. \$41.15 + Landfill \$45.50 = \$86.65)

\$ 6.00 **Sanitation Fee** - used for Animal Control, Weed Abatement, Street and Graffiti Cleanup for the entire City.

\$ 0.19 **SVBGSA Fee** – regulatory fee to fund the development of groundwater management plans.

Salinas Valley Basin Groundwater Sustainability Agency

DEPOSITS: (Utility Charges SMC Chapter 13.40) Resolution 5231 (Oct. 12, 2016): Total deposit for utility services for occupants of non-owned premises in the City of Soledad. (\$40.00 Garbage/\$20.00 Landfill, \$60.00 Wastewater, \$60.00 Water and \$20.00, Sanitation = \$200.00) **shall be used to secure payments of all rates and charges for: Garbage and rubbish collection and disposal, sewer service, water service and sanitation service.** All effort shall be taken to notice the location of service before the deposit will be used to retire any outstanding debt (SMC Chapter 3.20) in this order.

***GARBAGE CHARGES WILL APPEAR UNDER:**

Garbage Collection – Garbage Revenues are used to pay for the collection of garbage. **Landfill** – revenue used to pay landfill fees.

Your Garbage Pickup Day is on: _____ Tuesday _____ Thursday. Please use the garbage cans provided by Tri-Cities for your regular garbage, and place them curbside by 5 AM. Garbage cans should be no heavier than 65 lbs. There will be a \$50.03 charge for any container that is missing or damaged. One Recycling can and one Yard Waste can are provided free of charge.

If you do not receive a bill by the 5th of each month, please call City Hall. Failure to receive a bill does not waive any penalty fees. **A 10% penalty fee will be assessed for payments received after 5 pm on the due date (4th Tuesday of the month).**

Accounts that are past due will be at risk of having water services disconnected. If account is past due, please make a payment before 5 pm on the due date or a \$50 penalty fee will be charged for reconnection of service.

If you move/vacate from this address, it is very important that you come to City Hall and sign a Disconnection Service form. If you do not sign the form, billing will continue and you will remain responsible for all charges.

Applicant/Owner Signature: X _____ **Date** _____

ABANDONED PROPERTY REGISTRATION: (Ordinance 661, Implemented in January 2009).

Chapter 9.07.040 Registration.

Subsection: H. At the time of registration, the beneficiary or trustee **shall cause the water utility service to be registered in their name** and shall maintain such utility in their name until the property is no longer vacant.

Billing for service will continue to be mailed to the “Occupant or person making application” as required by City Ordinance 13.40.060.

Signature X _____ **Date** _____ **Address** _____
(Beneficiary or Trustees Signature/ or Agent)