

Please return completed application to: City of Hayward – Hayward Water System 777 B Street, Hayward CA 94541

Phone: (510) 583-4600 Email: hss@hayward-ca.gov

Office Hours: Monday - Thursday 8:00 a.m. to 5:00 p.m. Closed on Fridays

## APPLICATION FOR WATER/SEWER SERVICE

Applications for water/sewer service must be submitted at least 2 business days prior to the service start date in order to accommodate all requests.

Service Start Date:				
Service Address:				
APPLICANT INFORMAT	ION:			
Prop. Owner Occupied:	Tenant Renting/Leasing:	Prop. Owner Rental:		Property Manager or Realtor:
PRIMARY APPLICANT II	NFORMATION:			
Name of Applicant/Busine	ess:			
Mailing Address:				
City:		State:	Zip	Code:
Primary Phone:				
Email:				
Social Security Number (la	DOB:			
CO-APPLICANT INFOR	MATION (if applicable):			
Name of Co-Applicant:				
Primary Phone:				
Email:				
Social Security Number (la	DOB:			
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## FEES AND DEPOSITS:

**Residential** accounts will be charged an \$87 Establishment Fee and a refundable \$70 Deposit on your first bill. The Deposit will be returned after 12 on-time payments or when you request to cancel service

**Commercial/Industrial** accounts will be charged a \$87 Establishment Fee and a Deposit equaling the average of a summer and winter bill from the prior account holder. Minimum Deposit for non-residential accounts is \$100.

**Same-Day Turn on** requests may be subject to an After-Hours Meter Activation Fee of \$108 in addition to the Establishment Fee and Deposit.



## **REQUIRED DOCUMENTATION:**

To establish water service, you are required to provide:

- Completed Application for Water Service
- Proof of Ownership or Lease/Rental Agreement
- Valid Photo ID

> Hayward Water System 777 B St. Hayward, CA 94541

## **SIGNATURE & ACKNOWLEDGMENT:**

I/We are requesting the Hayward Water System to establish service at the above address and all the information provided is true and correct.

I/We understand the party that initially signed up for service is responsible for all charges until the Hayward Water System is contacted to discontinue service or a new party requests to establish service at the above address. Per Hayward Municipal Code, it is the sole responsibility of the account holder to close the account. Please contact our office at least 2 business days prior to the date you wish to stop service at (510) 583-4600, or email your name, account number, forwarding address, phone number, and the requested service stop date to <a href="https://example.com/HSS@hayward-ca.gov">HSS@hayward-ca.gov</a>. The closing account holder will receive a final bill for any charges accrued between the date of your last meter reading and your close date.

Primary Applicant Signature:	Signature	Date:		
Primary Applicant Name (please print):				
Co-Applicant Signature:	Signature	Date:		
Co-Applicant Name (please print):				
	**Office Use Only**			
Account #:	·	Received Validation		
Received by:				
Date Completed:				
Completed by:				