



**BILLING & COLLECTIONS OFFICE
UTILITY SERVICE APPLICATION**

Rev. 03/2019

Revenue Division
1717 4th Street #150, Santa Monica, CA 90401
Phone: 310-458-8224 | Fax: 310-656-9175
Email: billing.collections@smgov.net
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 and the service address is a rental 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.					
4*	Mailing Address					
		<i>Number</i>	<i>Street</i>	<i>Unit#</i>	<i>City</i>	<i>State</i> <i>Zip</i>
5	Primary Phone # *:	Secondary 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

<p>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.</p>	<p>(Initials)</p> <p>_____</p>
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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	



**CITY OF SANTA MONICA
NEW CUSTOMER REFUSE SERVICE AND RENTAL APPLICATION
FOR COMMERCIAL AND MULTI-FAMILY CUSTOMERS
Effective 7/1/19**

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 charge 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 assessed.)

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.: _____

() Owner () Manager () Authorized Agent

**For additional information, call (310) 458.2223; fax (310) 264-7750; or email recycling@smgov.net
Resource Recovery & Recycling, 2500 Michigan Avenue, Santa Monica, CA 90404**