



**BILLING & COLLECTIONS OFFICE
UTILITY SERVICE APPLICATION**

Rev. 12/2018

Revenue Division
P.O. Box 2200, Santa Monica, CA 90407-2200
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>
---	---------------------------------------

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	

