



# City of Westminster

FINANCE DEPARTMENT  
8200 Westminster Blvd  
Westminster CA 92683  
714/894-3796

## NEW WATER ACCOUNT APPLICATION

### FOR OFFICE USE ONLY

Entered By \_\_\_\_\_

Date \_\_\_\_\_

Account # \_\_\_\_\_

Water Turn-on Date  /  /

### Customer Information

Billing Name: \_\_\_\_\_  
(Last Name) (First Name)

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip: \_\_\_\_\_

Service Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Drivers License State: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(Last Name) (First Name)

### Fees

| Non Refundable Establishment Charge |                |                          |
|-------------------------------------|----------------|--------------------------|
| Same Day Service                    | <b>\$70.00</b> | <input type="checkbox"/> |
| Any Other Day Service               | <b>\$55.00</b> | <input type="checkbox"/> |
| Inter-family/Roommate/Landlord      | <b>\$15.00</b> | <input type="checkbox"/> |

| Optional Paramedic Subscription Fee* |                |                          |
|--------------------------------------|----------------|--------------------------|
| Bi-monthly Paramedic Subscription    | <b>\$ 7.00</b> | <input type="checkbox"/> |
| Annual Paramedic Subscription        | <b>\$42.00</b> | <input type="checkbox"/> |

\* If you choose to enroll in the Paramedic Subscription program, you can either be billed \$42.00 annually or \$7.00 on each bi-monthly water bill.

### Authorization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_