



City of Glendora  
Phone: (626) 914-8239  
Address: 116 E. Foothill Blvd. Glendora, CA 91741  
Email: [WaterBilling@CityofGlendora.org](mailto:WaterBilling@CityofGlendora.org)

## WATER ACCOUNT OPENING REQUEST FORM

Customer Name: \_\_\_\_\_  Owner  Tenant  Other  
Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Opt in for email?  Yes  No

Requested Service Start Date: \_\_\_\_\_

### ALTERNATIVE CONTACT:

I authorize the following party to have access to my account:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relation to Customer: \_\_\_\_\_

Information Purposes only

To Add/Change Information

I agree to use the water service and pay therefore in accordance with the rates, rules and regulations legally in effect by the City of Glendora. I declare under penalty of perjury under the laws of the State of California that the information I have provided is true and accurate. I acknowledge that the provision of false information is grounds for termination of service. For more information, please visit [www.cityofglendora.org/waterbilling](http://www.cityofglendora.org/waterbilling).

Applicant Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

**FOR OWNERS:** Would you like to authorize the creation of a landlord trust agreement?  Yes  No

### Instructions:

**Owners:** Email this form to [WaterBilling@cityofglendora.org](mailto:WaterBilling@cityofglendora.org) and attach proof of ownership and valid ID.

**Tenants:** Email this form to [WaterBilling@cityofglendora.org](mailto:WaterBilling@cityofglendora.org) with a copy of your valid ID in addition to a \$200 deposit via mail or night drop boxes at Glendora City Hall.

**The City requires a \$77.00 application processing fee for all account openings**

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### FOR OFFICIAL/STAFF USE ONLY:

ID Verified: \_\_\_\_\_ Ownership Check: \_\_\_\_ Deposit Amount: \$\_\_\_\_\_ Form of payment:  Cash  Check  Card

Previous Residence Address: \_\_\_\_\_

New Account Number: \_\_\_\_\_

Effective/ Start Date: \_\_\_\_\_