



# CITY OF NORCO

## APPLICATION FOR COMMERCIAL UTILITY SERVICES

2870 Clark Avenue, Norco, CA 92860  
 Telephone: (951) 270-5654 Fax: (951) 270-5668  
 Hours: Monday-Thursday 8:00 A.M. to 6:00 P.M.  
[utilitydesk@ci.norco.ca.us](mailto:utilitydesk@ci.norco.ca.us)

Property Information					
Service Type Requested: Water      Sewer      Refuse			Service Start Date:		
Service Address:		City:	State:	Zip Code:	
Customer's Billing/Mailing Address:		City:	State:	Zip Code:	
Renting/Leasing?      Yes      No. <b>Must attach</b> required copy of Lease/Rental Agreement with application.					
Landlord/Management Company Name:			Contact Telephone:		
Landlord/Management Company Address:		City:	State:	Zip Code:	
Commercial Applicant Information					
Are you?      Commercial Owner      Commercial Tenant      Commercial Agent					
Business Name:		Business License Number:			
Contact Name:		Contact Telephone:			
Federal Tax Identification (TIN):					
California State Board of Equalization (BOE) Sellers Permit Number:					
North American Industry Classification Code (NAICS):					
Will this meter service more than one customer?      Yes      No. If Yes, Please Explain:					
Previous Utility Address:		City:	State:	Zip Code:	Length in Years:
Commercial Refuse Service					
Will you require refuse collection service?      Yes      No					
Legal Owner Information					
Owner's Name:		Federal Tax Identification Number:			
Contact Name:		Telephone Number:			
Certification					
<i>I hereby apply to the City of Norco for water, sewer, trash and/or manure service in accordance with all ordinances, regulations and rate schedules now or hereafter in effect. I agree to be individually liable for all charges accruing for this service without notice or demand and may be subject to additional charges, including collection fees. I hereby waive any claim against the City arising out of interruption of service for any reason, with or without notice. In consideration, water, sewer, and refuse service will be provided until notice is given to discontinue such service.</i>					
Applicant's Signature:			Date:		
For Office Use Only					
Account Number:	Start Date:	Date Deposit Received:	Scanned: NW J:Drive	Processed By:	