



City of Hemet  
 Finance Department - Utility Billing  
 445 E Florida Avenue, Hemet, CA 92543  
 Fax: (951) 765-2336 | Phone: (951) 765-2350  
 Email: CS@hemetca.gov

## RESIDENTIAL ACCOUNT UPDATE FORM

Please complete and sign the agreement below and return your completed form by e-mail, fax or mail. After review of your request, we will confirm the change or request supporting documents.

Reason for Change: \_\_\_\_\_

Adding Secondary      Removing Secondary      Updating Primary/Secondary

Service Address: \_\_\_\_\_

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

Previous or Primary Account Holder

New or Secondary Account Holder

\_\_\_\_\_  
 Last Name                      First Name

\_\_\_\_\_  
 Last Name                      First Name

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Phone# and Type:    Home    Cell    Work

\_\_\_\_\_  
 Phone# and Type:    Home    Cell    Work

\_\_\_\_\_  
 Phone# and Type:    Home    Cell    Work

\_\_\_\_\_  
 Phone# and Type:    Home    Cell    Work

\_\_\_\_\_  
 E-mail

\_\_\_\_\_  
 E-mail

\_\_\_\_\_  
 Property Owner Name

\_\_\_\_\_  
 Emergency Contact Name

\_\_\_\_\_  
 Property Owner Phone#

\_\_\_\_\_  
 Emergency Contact Phone#

**AGREEMENT:** The applicant, in consideration of being supplied by the Water Department of the City of Hemet on the herein named premises, agrees to pay for said services as bills are rendered at current rates UNTIL THE SERVICE IS ORDERED DISCONTINUED BY THE UNDERSIGNED IN WRITING, and further agrees to the terms and the rules of the City Council of the City of Hemet. This contract shall at all times be subject to such changes or modifications by the City Council as said Council may, from time to time, direct in the exercise of its jurisdiction. Further, water services rendered for less than 30 days are charged a minimum Temporary Water fee set by the current resolution. Account deposit will be applied to the account per the deposit policy. Balances that are not paid when due shall bear interest at the maximum rate allowed by the law. If action is instituted on the agreement I promise to pay reasonable attorney fees.

\_\_\_\_\_  
 Previous or Primary Account Holder Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 New or Secondary Account Holder Signature