

CITY OF NORCO UTILITY SERVICES APPLICATION INSTRUCTIONS

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

Welcome to the City of Norco! The attached Application for Commercial Utility Services is a request for water and sewer services provided by the City of Norco. Two or more persons, including renters and owners, who apply for service shall be liable for payment of fees and charges that have been incurred and become delinquent per City of Norco Municipal Code (NMC) §14.04.030, Subsection B and C. Applicants requesting utility services are required to complete and sign the city application(s), pay a deposit, and provide requested supporting documentation and information.

PLEASE READ ALL REQUIREMENTS BEFORE COMPLETING THE APPLICATION.

NEW WATER SERVICE:

Application for new service requires a 48-hour advance notification in order to allow sufficient time to obtain a meter reading at the service location. Two types of personal identification are required to open an account. The first utility bill will reflect a service start-up fee.

DEPOSIT:

A minimum deposit of \$300 per commercial account is required. Deposits are retained without interest until the account is closed.

ALL NEW APPLICANT REQUIREMENTS (ALL REQUIREMENTS MUST BE MET):

- Valid Identification Card. (Driver's License, State Identification Card, Passport, Military Identification).
- Deposit in accordance with City of Norco's Fee Resolution (Cash, check, money order, debit, or credit card).
- Completed Application for Utility Services.
- Direct Payment Authorization Form. Optional written authorization when applicants prefer to have the utility payment automatically deducted from their checking or savings account.
- Such other information as the City of Norco may reasonably require per NMC §14.04.030.

(Please see additional requirements on the next page)



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OWNER'S REQUIREMENTS (ALL REQUIREMENTS MUST BE MET):

Proof of Ownership (Grant Deed, Final Escrow Statement, current Property Tax Bill, or current Mortgage Statement).

• A copy of Owner-Tenant Utility Services Form (attached) must accompany the Application for Utility Services, if renting your property.

TENANT'S REQUIREMENTS (ALL REQUIREMENTS MUST BE MET):

- A copy of Tenant's Rental/Lease Agreement.
- Owner-Tenant Utility Services Form (attached) must be submitted to City by owner.

PROPERTY MANAGEMENT COMPANY/MANAGING AGENT (ALL REQUIREMENTS MUST BE MET):

Proof of Ownership. If the property is held in a company's name, Company Representative/Managing Agent must provide a copy of the company's Articles of Incorporation, Fictitious Business Name Statement (DBA). Tax Identification Number (TIN). A City business license will Federal required. Application can be found at the City's website www.norco.ca.us or Business 270-5679 email call License at (951)or send an to BizDesk@ci.norco.ca.us.

- Management Agreement/Contract between the company (as indicated on proof of ownership) and company's Representative/Managing Agent.
- Company Representative/Managing Agent's Valid Identification. (Driver's License, State Identification Card, Passport, Military Identification).
- Letter of Authorization on company letterhead indicating that the Representative/Managing Agent may initiate utility services and conduct city business on behalf of the owner/company as listed in the Articles of Incorporation and on the Fictitious Business Name Statement (DBA).

BANK-OWNED PROPERTY (ALL REQUIREMENTS MUST BE MET):

- Proof of Bank's Ownership. (Grant Deed/Deed of Trust).
- Bank's Federal Tax Identification Number (TIN).
- Copy of Property's Listing Contract, Assignment Letter or Letter of Authorization on bank's letterhead allowing bank's representative to initiate utility services.
- Bank Representative's Valid Identification (Driver's License, State Identification Card, Passport, Military Identification).



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

Property Information								
Service Type Requested: Water Sewer					Service Start Date:			
Service Address:	City:				State:	Zip C	ode:	
Customer's Billing/Mailing Address: City:			City:		State:	Zip C	ode:	
Renting/Leasing? Yes No. <i>Must attach</i> required copy of Lease/Rental Agreement with application.					on.			
Landlord/Management Company Name:				Contact Telephone:				
Landlord/Management Company Address: City:			ty:		State:	Zip C	Zip Code:	
Commercial Applicant Information								
Are you? Commercial Owner Commercial Tenant Commercial Agent								
Business Name:				Business License Number:				
Contact Name:			Contact Telephone:					
Federal Tax Identificatio	n (TIN):							
California State Board o	f Equalization (BOE) Se	llers Pe	rmit Nun	nber:				
North American Industry	Classification Code (N	AICS):						
Will this meter service more than one customer? Yes No. If Yes, Please Explain:								
Previous Utility Address:	:	City:			State:	Zip Code:		Length in Years:
		Legal	Owne	r Informati	on			
Owner's Name:			Federal Tax Identification Number:					
Contact Name:			Telephone Number:					
				cation				
I hereby apply to the City of Norco for water and sewer 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 and sewer service will be provided until notice is given to discontinue such service.								
Applicant's Signature:				Date:				
		F	or Office	Use Only				
Account Number:	Start Date:	Date Deposit Received: S		Scanned: NW		Proce	essed By:	
					J:Drive	,		



CITY OF NORCO OWNER-TENANT UTILITY SERVICES FORM

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

Owner-Tenant Information: Please authorize the tenant(s) to establish water and sewer services in the tenants' name(s) at the property listed below. Per the City of Norco Municipal Code (NMC) §14.04.030, Subsection C, Application for Service, Owner/Renter Liability, in the event any fees and other charges due from any occupant should become due and payable and fall delinquent, the owner(s) of the premises shall be liable for the payment which have fallen delinquent.

Owner Requirements:

Please complete Owner-Tenant Utility Services Form and return by any of the following methods:

Mail

City of Norco Fiscal & Support Services 2870 Clark Avenue Norco, CA 92880

E-mail

utilitydesk@ci.norco.ca.us

Fax

 $(951) \overline{270} - 5668$

Tenant-Owner Information/Authorization					
Tenant's Last Name:		First Name:		M.I.:	
Service Address:		City:	State:	Zip Code:	
Tenant's Telephone Cor	tact Number:				
individual(s) to establish in the amount specified	water and sewer ser I in the adopted fee	vices in their name(resolution will be re	s). It is un equired in	I hereby authorize the above-named derstood and agreed that a deposit accordance with the City of Norco to covered by the deposit.	
Owner's Last Name:		Owner's First Name:		M.I.:	
Owner's Mailing Address:		City:	State:	Zip Code:	
Owner's Contact Teleph	one Number:				
Owner's Federal Tax Identification (TIN) or		Social Security Number (SSN):			
Owner's Signature:					
For Office Use Only:					
Account Number: Owner Updated in N\		W:	Scanr N\ J-	· · · · · · · · · · · · · · · · · · ·	



Signature

CITY OF NORCO FIRE DEPARTMENT VOLUNTARY EMERGENCY MEDICAL SERVICES (VEMS) SUBSCRIPTION PROGRAM

The City of Norco Fire Department provides emergency medical services to all residents, businesses and visitors, operating with modern equipment and trained professional personnel. To fund emergency medical services, the City Fire Department charges an Emergency Medical Services (EMS) response fee of \$350 per incident. However, residents and businesses can avoid these fees by continuing to participate in the Voluntary Emergency Medical Services (VEMS) Subscription Program through the monthly water bill. The VEMS charge on the water bill continues to be \$4 per month.

Residents and businesses that participate in the VEMS Subscription Program will not be charged or billed the EMS response fee of \$350 should emergency medical services be needed. Low-income residents, as defined by U.S. Department of Housing and Urban Development (HUD) guidelines, are exempt from the EMS response fee of \$350 and do not need to subscribe to the VEMS Program. In summary:

- Residents and businesses participating in the Voluntary Emergency Medical Services (VEMS) Subscription Program by paying \$4 each month on the water/utility bill will NOT be charged for emergency medical services provided by the City of Norco Fire Department. (To continue your subscription to the VEMS Program, no action is required.) THE VEMS PROGRAM DOES NOT COVER AMBULANCE FEES.
- Residents and businesses that decline to participate in the VEMS Subscription Program will be charged a fee of \$350 for each incident of emergency medical services provided by the City of Norco Fire Department. (To opt out of the VEMS Program, the "Decline to Participate" form below must be submitted to City Hall.)
- Low-income residents as defined by HUD guidelines, are <u>exempt</u> from the EMS response fee of \$350, and may <u>opt out</u> of the VEMS fee by submitting the decline form below.

The VEMS Subscription Program is open to residents of the City of Norco, and to businesses located in the City of Norco. A subscription to the VEMS Program covers **all** residents of a subscriber's household, and also covers visitors of the subscribing household, regardless of the location where the City of Norco Fire Department provides the services. Likewise, a business subscription covers the employees and customers of the business for emergency medical services provided by the City of Norco Fire Department.

Residents or business operators who do not wish to participate in the VEMS Subscription Program can voluntarily decline to participate at any time by signing the "Decline to Participate" form below. Any customer who does not wish to participate may also obtain a "Decline to Participate" form by contacting the Utility Billing Office in City Hall, (951) 270-5654, 2870 Clark Avenue, Norco, CA 92860.

VEMS SUBSCRIPTION PROGRAM DECLINE TO PARTICIPATE FORM

(VEMS) Subscription	on Program. By declining to pay	o Fire Department Voluntary Emergency Medical Settle \$4 per month subscription fee, I understand that I win the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that emergency medical services are provided in the event that event the event that ev	will be
Account #	Phone #	Date	
Print Name		Address	

Valid 7-1-24 to 6-30-25

City of Norco **Direct Payment Authorization Form**

We are pleased to offer you a new service—the Direct Payment Plan. Now you can have your utility payment deducted automatically from your checking or savings account and you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It save times fewer checks to write
- Helps meet your commitment in a convenient and timely manner - even if you're on vacation or out of town
- No lost or misplaced statements, your payment is always on time - it helps maintain good credit
- It saves postage
- It's easy to sign up for, easy to cancel
- No late charges

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account to pay your monthly utility bill. Then, just sit back and relax. The amount of your payment will vary depending on water use or changes in services.

Your payments will be made automatically before the due date. We will continue to submit to you your monthly utility bill reflecting the direct payment being made. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

- Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
- 2. Fill in your name, financial institution name and location and date.
- 3. Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT - PLEASE ALLOW 30 DAYS FOR IMPLEMENTATION

☐ Ch for pay \$\$	ecking acoment of r	ity of Norco to initiate electronic debit entries to my: count or Savings account my monthly utility bill. I understand I will receive a notice only if the amount is more than (insert dollar amount) OR outside the range of (insert range). I acknowledge that the origination of ACH transactions to my account must provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing						
	Date	Daytime Phone #						
lere	Address	Utility Account #						
Check Here	Financia	Financial Institution Name (Please Print)						
Che	Account	Number at Financial Institution						
Voided	Financia	I Institution Routing/Transit Number						
>	Financia	l Institution City and State						
Staple	Printed r	nameSignature						