

# NEW COMMERCIAL UTILITY SERVICE APPLICATION

BurbankWaterAndPower.com | Customer Service: (818) 238 - 3700 | BWPCustomerService@burbankca.gov

## Step 1: Please Tell Us When and Where You Would Like Service

Services will be connected Monday through Friday, from 9am-5pm, excluding weekends and holidays. Please allow 24-48 hours to process your request. Same day requests received after 11am are subject to a \$50 service fee.

Requested Connection Date: \_\_\_\_\_ Occupancy Date: \_\_\_\_\_

Requested Service (check all that apply):  Electric  Water  Refuse  Sewer

Address: \_\_\_\_\_ Unit/Suite: \_\_\_\_\_ Zip: \_\_\_\_\_

## Step 2: Who is Submitting this Request for New Service?

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Ext: \_\_\_\_\_ This is my:  Cell  Home  Work  Other

Email Address: \_\_\_\_\_

## Step 3: Please Provide Business Information for Service Address

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

Tax ID/EIN: \_\_\_\_\_

Business Organization Type:  Corporation/LLC  Partnership  Sole Proprietorship  Landlord

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

Business Type (retail, office, food service, etc): \_\_\_\_\_

Email Address: \_\_\_\_\_

## Step 4: Bills for the Service(s) Listed Above are to be Mailed to:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Email: \_\_\_\_\_

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## Step 5: Please Provide Your Personal Information

Officer       Partner       Sole Proprietor

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (      ) \_\_\_\_\_ Home Phone: (      ) \_\_\_\_\_

Officer       Partner       Proprietor

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (      ) \_\_\_\_\_ Home Phone: (      ) \_\_\_\_\_

## Step 6: Read and Accept Terms of Service

I hereby request the City of Burbank to provide municipal services to the above address and I agree to pay for such services in accordance with the rate schedules of the City of Burbank. I further agree to comply with all applicable City ordinances, rules and regulations.

I represent that I am one of the owners or I have the legal right of possession of the above service address.

I agree to give at least two business days notice prior to any desired discontinuance of electrical and/or water services.

I acknowledge that I have read and understand this application. I understand that if I have signed for a person or an entity other than myself, I have the legal authority to bind such person or entity for any and all charges for municipal services provided to the service address property.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Step 7: Submit Completed Application Via Email, Mail, Fax or Drop Off in Person

**Email:**  
BWPCustomerService@burbankca.gov  
Please use "New Commercial Service Application" in the subject line.

**Mail:**  
Burbank Water and Power  
P.O. Box 631  
Burbank, CA 91503-0631

**Fax:**  
(818) 238-3715

**Drop Off:**  
Burbank Water and Power  
164 W. Magnolia  
Burbank, CA 91502-1720

# LETTER OF AUTHORIZATION

BurbankWaterAndPower.com | Customer Service: (818) 238 - 3700 | BWPCustomerService@burbankca.gov

## To Allow/Authorize Others to Manage Your Burbank Water and Power (BWP) Account Information

### Step 1: Is this Authorization for a Commercial or Residential Account at BWP?

#### Commercial Account

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

Owner's Name: \_\_\_\_\_

#### Residential Account

Name on Account: \_\_\_\_\_

### Step 2: Provide the Name(s) and Contact Information for Person(s) to Authorize

Please attach an additional page to this form if more space is needed.

Name	Title	Phone Number

The people listed above are authorized to request or modify municipal services and receive billing and account information for those services at the following address(es):

Address 1: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address 2: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address 3: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Step 3: Bills for the Service(s) Listed Above is/are to be Mailed to:

Name: \_\_\_\_\_ Property Management: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Step 4: Please Provide the Corporate Officer or Owner Information and Signature

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone Number: (     ) \_\_\_\_\_ Alternate Phone Number: (     ) \_\_\_\_\_

SSN or Tax ID#: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

### Step 5: Submit Completed Letter of Authorization Via Email, Mail, Fax or Drop Off in Person

**Email:**  
BWPCustomerService@burbankca.gov  
Please use "Letter of Authorization"  
in the subject line.

**Mail:**  
Burbank Water and Power  
P.O. Box 631  
Burbank, CA 91503-0631

**Fax:**  
(818) 238-3715

**Drop Off:**  
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