



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

APPOINTMENT OF AGENT

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.

Agents Appointed:**

 Last Name First Name

 Phone# and Type: Home Cell Work

 Last Name First Name

 Phone# and Type: Home Cell Work

 Last Name First Name

 Phone# and Type: Home Cell Work

****Note:** If a business is named instead of an individual person, the business will be required to provide the City of Hemet-Utility Billing Department with a Fictitious Name Statement that provides the names of the persons with signatory authority for the business.

Account Holder Information

 Last Name First Name

 Service Address

 Phone# and Type: Home Cell Work

 Account Number

 Phone# and Type: Home Cell Work

 E-mail

 Business Name

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.

 Account Holder Signature

 Date