



City of Hemet Finance Department

Utility Billing Office

445 E Florida Ave, Hemet CA 92543

(951) 765-2350-FAX (951) 765-2336

Appointment of Agent to Transact Business With the City of Hemet

The undersigned hereby appoints: _____
NAME OF INDIVIDUAL

_____ NAME OF INDIVIDUAL

_____ NAME OF INDIVIDUAL

to conduct business, in writing, with the City of Hemet Utility Billing Department concerning:
Water _____ Sewer _____ Refuse/Recycling _____ Other: _____

(please check all appropriate services) service for the following described property:

Business Name

Service Address

Account Number

This authorization may be revoked at any time by my written notice delivered to the City of Hemet Utility Billing Department.

Date

Signature of account owner

Printed name of account owner

****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 persons with signatory authority for the business.