



# CITY OF BURLINGAME

## WATER DEPARTMENT

501 Primrose Road Burlingame CA 94010-3997

(650) 558-7210 Fax: (650) 685-6138

Web Site: [www.burlingame.org](http://www.burlingame.org)

### SC-1 FORM

ACCOUNT \_\_\_\_\_

Consider this form as authorization to transfer water service into my name between tenants at \_\_\_\_\_

PLEASE PRINT:

NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

(OPTIONAL)