APPLICATION FOR MUNICIPAL UTILITIES
CITY OF SUISUN CITY (707) 421-7325
701 CIVIC CENTER BLVD., SUISUN CITY, CA 94585-2600

SHADED AREAS FOR OFFICE USE ONLY

DATE PREPARED _____ **ACCOUNT ID No.** _____

DATE SERVICES TO START_____ **RT #** _____ **SVC #**_____

NAME: (PLEASE PRINT) _____
LAST FIRST MIDDLE

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT):_____

_____
CITY STATE ZIP CODE

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____
STREET CITY ZIP

NEW HOME PHONE: ( ) _____ **WORK PHONE**: ( ) _____

NOTE: *IT IS UNDERSTOOD THAT FAILURE TO PAY UTILITY BILLS IS CAUSE FOR THE CITY TO STOP WATER SERVICE. BILLS ARE DUE AND PAYABLE UPON PRESENTATION. ALL ACCOUNTS WILL BE DELINQUENT 30 DAYS AFTER THE BILLING DATE AND IF NOT PAID WITHIN 15 DAYS AFTER BECOMING DELINQUENT THE ACCOUNT AND/OR SERVICE WILL BE DISCONTINUED. THE CUSTOMER IS LIABLE FOR ALL CHARGES INCLUDING PENALTIES UNTIL THE CUSTOMER CONTACTS THE CITY TO STOP THE SERVICE.*

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____ _____
ACCOUNT HOLDER'S SIGNATURE

LOCATION ID _____	O/S CITY _____	INPUT BY_____
WATER CLASS _____	METER SIZE _____	START READ _____
METER #: _____	BEG READ _____	PULL READ _____
_____	_____	_____
_____	_____	_____

CHARGE CODES/MULTIPLIER: SW _____ S1 _____ S2 _____ FT _____

CLOSING BILL ADDRESS: _____

STOP DATE: _____ STOP READ _____