APPLICATION FOR MUNICIPAL UTILITIES
CITY OF SUISUN CITY (707) 421-7320
701 CIVIC CENTER BLVD., SUISUN CITY, CA 94585-2600

Shaded areas for office use only

DATE APPLICATION PREPARED: _____ **ACCOUNT ID#:** _____

DATE SERVICES TO START: _____ **RT #:** _____ **SVC #:** _____

PROPERTY ADDRESS: _____

NAME: (PLEASE PRINT) _____
LAST FIRST MIDDLE

MAILING ADDRESS IF DIFFERENT: _____
STREET NUMBER STREET NAME

_____
CITY STATE ZIP CODE

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____
STREET NUMBER/NAME CITY ZIP

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

SOCIAL SECURITY #: _____ **DRIVERS LICENSE #:** _____

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 STILL LIABLE FOR ALL RECURRING BASE CHARGES INCLUDING PENALTIES UNTIL THE CUSTOMER CONTACTS THE CITY TO STOP THE SERVICE.*

Have you ever had water service in Suisun City previously? YES NO If so, where and when

_____

_____
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 _____BALANCE DUE _____

DATE TO C/B _____ TRANSFER DEPOSIT YES NO AMOUNT _____