

**REALTY / PROPERTY MANAGEMENT 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 #:** _____

***REALTY/PROPERTY MANAGEMENT COMPANY:** _____

***PROPERTY ADDRESS:** _____

***OFFICE MAILING
ADDRESS:**

STREET NUMBER

STREET NAME

CITY

STATE

ZIP CODE

***OFFICE PHONE:** ()

***EMAIL:** _____

***FEDERAL TAX ID #:** _____

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 60 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 SUBMITS THE APPROPRIATE DOCUMENTS TO THE CITY TO STOP THE SERVICE.*

***PRINT NAME**

***SIGNATURE**

(*) REQUIRED

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 OF LIEN _____ TRANSFER DEPOSIT YES NO AMOUNT _____

DEPOSIT INFORMATION

DEPOSIT \$ _____ DATE _____ RECEIPT _____

DEPOSIT \$ _____ DATE _____ RECEIPT _____

DEPOSIT \$ _____ DATE _____ RECEIPT _____

DEPOSIT \$ _____ DATE _____ RECEIPT _____

DEPOSIT \$ _____ DATE _____ RECEIPT _____

DEPOSIT \$ _____ DATE _____ RECEIPT _____

DEPOSIT TRANSFER AMNT \$ _____ DATE _____

TRANSFER TO ACCT ID # _____

DEPOSIT REFUND AMNT \$ _____ DATE _____

DEPOSIT REFUND AMNT \$ _____ DATE _____

RETURNED CHECK CODE _____ DATE _____

HARDSHIP EXTENSTION DATE _____

NOTES: _____
