

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

*DATE SERVICES TO START: _____

*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 CODE
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*HOME/CELL PHONE: () _____ *ALTERNATE PHONE: () _____

*LAST 4 OF SSN #: _____ *DRIVERS LICENSE #: _____

*PLEASE CHECK ONE: OWNER: TENANT: *EMAIL: _____

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.

Have you ever had water service in Suisun City previously? ___ YES ___ NO

**All delinquent accounts are subject to the lien process.
Therefore, I hereby authorize The City of Suisun-Water
Department to release account balance information
upon request.**

* SIGNATURE FOR RELEASE



(*) REQUIRED

*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: CLOSING BILL ADDRESS: _____	SW _____	S1 _____ S2 _____ FT _____
STOP DATE: _____	STOP READ _____	BALANCE DUE _____
DATE TO C/B _____	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 EXTENSION DATE _____

NOTES: _____
