

**OWNER / LANDLORD 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)**

|                      |      |       |        |
|----------------------|------|-------|--------|
| MAILING ADDRESS      | LAST | FIRST | MIDDLE |
| <b>IF DIFFERENT:</b> |      |       |        |

|               |             |
|---------------|-------------|
| STREET NUMBER | STREET NAME |
|---------------|-------------|

|      |       |          |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

**EMPLOYER NAME:**

**EMPLOYER ADDRESS:**

|                    |      |     |
|--------------------|------|-----|
| STREET NUMBER/NAME | CITY | ZIP |
|--------------------|------|-----|

**\*HOME/CELL PHONE:** ( ) \_\_\_\_\_ **\*ALTERNATE PHONE:** ( ) \_\_\_\_\_

**\*LAST 4 OF SSN #:** \_\_\_\_\_ **\*DRIVERS LICENSE #:** \_\_\_\_\_

**\*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 If yes, where and when

**\*\*\*OWNER'S REVOLVING CONTRACT\*\*\***

**(\*) 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: | SW _____  | S1 _____ S2 _____ FT _____ |
| CLOSING BILL ADDRESS:    | _____   |                            |
| STOP DATE: _____         | STOP READ _____   | BALANCE DUE _____          |
| DATE OF LIEN _____       | TRANSFER DEPOSIT <input type="checkbox"/> YES <input type="checkbox"/> NO | AMOUNT _____               |