

**OWNER / LANDLORD APPLICATION FOR MUNICIPAL UTILITIES
CITY OF SUISUN CITY (707) 421-7320 -
WATERBILLING@SUISUN.COM**

DATE APPLICATION PREPARED: _____	ACCOUNT ID#: _____
DATE SERVICES TO START: _____	RT #: _____ SVC #: _____

***PROPERTY ADDRESS:** _____

***NAME:** (PLEASE PRINT)

LAST	FIRST	MIDDLE
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**MAILING ADDRESS
IF DIFFERENT:**

STREET NUMBER	STREET NAME	
CITY	STATE	ZIP CODE

EMPLOYER NAME: _____

EMPLOYER ADDRESS:

STREET NUMBER/NAME	CITY	ZIP
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*HOME/CELL PHONE: ()	*ALTERNATE PHONE: ()
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*LAST 4 OF SSN #:	*DRIVERS LICENSE #:
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***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

*****ALL DELINQUENT ACCOUNTS ARE SUBJECT TO THE LIEN PROCESS.*****

**I hereby authorize The City Suisun-Water Department to
Release account balance information upon request.**

*SIGNATURE FOR RELEASE

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

*ACCOUNT HOLDER'S 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	<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT _____