## 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 S	START:	RT #:	SVC #:	
*PROPERTY ADDRES	SS:			
*NAME: (PLEASE PRINT)	LAST	FIRST	MIDDLE	
MAILING ADDRESS IF DIFFERENT:				
	STREET NUMBER	STREET NA	AME	
	CITY	CTLA TEL	ZID CODE	
	CITY	STATE	ZIP CODE	
EMPLOYER NAME:				
EMPLOYER ADDRES		CITY!	TID CODE	
	STREET NUMBER/NAME	CITY	ZIP CODE	
*HOME/CELL PHONE: ( )		*ALTERNATE PHONE: ( )		
*FULL SSN #:		*DRIVERS	*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	l water service in Suisun City previous.	<u>ly?</u> YES	NO If yes, where and when	
(*) 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/MUL' CLOSING BILL ADDRESS:	TIPLIER: SW		S2 FT	
STOP DATE:	STOP READ		BALANCE DUE	
DATE TO C/B	TRANSFER D	DEPOSIT Y	YES NO AMOUNT	