

**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) \_\_\_\_\_  
LAST FIRST MIDDLE

**MAILING ADDRESS IF DIFFERENT:** \_\_\_\_\_  
STREET NUMBER STREET NAME

\_\_\_\_\_  
CITY STATE ZIP CODE

**EMPLOYER NAME:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_  
STREET NUMBER/NAME CITY ZIP

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

**SOCIAL SECURITY #:** \_\_\_\_\_ **DRIVERS LICENSE #:** \_\_\_\_\_

**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 15 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 CONTACTS THE CITY TO STOP THE SERVICE.*

Have you ever had water service in Suisun City previously? YES NO If so, where and when

\_\_\_\_\_  
**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 TO C/B \_\_\_\_\_ TRANSFER DEPOSIT YES NO AMOUNT \_\_\_\_\_

**DEPOSIT INFORMATION**

DEPOSIT \$ \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT \_\_\_\_\_

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DEPOSIT TRANSFER AMNT \$ \_\_\_\_\_ DATE \_\_\_\_\_

TRANSFER TO ACCT ID# \_\_\_\_\_

DEPOSIT REFUND AMNT \$ \_\_\_\_\_ DATE \_\_\_\_\_

DEPOSIT REFUND AMNT \$ \_\_\_\_\_ DATE \_\_\_\_\_

RETURNED CHECK CODE \_\_\_\_\_ DATE \_\_\_\_\_

HARDSHIP EXTENSION DATE \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_