



UTILITY SERVICE APPLICATION

NO: _____

PLEASE PRINT CLEARLY OR TYPE

DATE: ____/____/____

| | | | |
|---------------------|--|-------------|---------------------|
| LAST NAME: | SUFFIX: | FIRST NAME: | MI: |
| BUSINESS NAME: | | | |
| TYPE OF BUSINESS: | | | |
| SERVICE ADDRESS: | <input type="checkbox"/> OWNER <input type="checkbox"/> RENTER | | |
| MAILING ADDRESS: | ESCROW/RENTAL DATE: | | |
| CITY: | STATE: | ZIP: | SERVICE START DATE: |
| HOME PHONE: () - | SERVICE STOP DATE: | | |
| CELL PHONE: () - | EMAIL ADDRESS: | | |

CUSTOMER INFORMATION:

| | |
|--------------------------|---------------------|
| SOCIAL SECURITY NUMBER: | EMPLOYER'S NAME: |
| DRIVER'S LICENSE NUMBER: | WORK PHONE: () - |

SPOUSE'S INFORMATION:

| | |
|--------------------------|---------------------|
| SPOUSE'S NAME: | EMPLOYER'S NAME: |
| SOCIAL SECURITY NUMBER: | WORK PHONE: () - |
| DRIVER'S LICENSE NUMBER: | CELL PHONE: () - |

OWNER/COMMERCIAL PROPERTY MANAGEMENT:

| | | | |
|-------------------------|-----------------------|------|---------------------|
| NAME OF PROPERTY OWNER: | PHONE NUMBER: () - | | |
| HOME ADDRESS: | FAX NUMBER: () - | | |
| CITY: | STATE: | ZIP: | CELL PHONE: () - |
| E-MAIL ADDRESS: | WEB PAGE ADDRESS: | | |

PLEASE CHECK ALL THAT APPLY TO YOU:

- SIGN ME UP FOR AUTO PAY. SEND MY BILL TO MY EMAIL ADDRESS.
 GROUP ALL OF MY ACCOUNTS:

By signing this application for Utility Service, I agree to abide by all rules and regulation of the Utilities Department, and I agree not to hold the Board of Public Utilities or City of Tulare responsible for any damage to my property by open water faucets. I further agree I have read the above agreement.

SIGNATURE: _____

PRINT NAME: _____

FOR OFFICAL USE ONLY:



UTILITY SERVICE APPLICATION

NO:

| | | |
|----------------|----------------------------------|--|
| ACCOUNT # | SW EMAIL SENT: | |
| METER READING: | DATE METER READ: ___ / ___ / ___ | RENTAL AGREEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |