## **CITY OF ATWATER**



750 Bellevue Road, Atwater, CA 95301 Customer Service Phone: (209) 357-6310/(209) 357-6313 FAX (209) 357-6364

www.atwater.org

## START SERVICE

## APPLICATION FOR WATER, GARBAGE & SEWER SERVICES \*\*\*MUST BE COMPLETED AND TURNED IN AT CITY HALL IN PERSON\*\*\* \*\*\*\* CITY OF ATWATER USE ONLY \*\*\*\*\*

Acct. Clerk Name:			Deposit Amount:	IN/A	Additional Comments:
Account #:			Or reason for waivin	ıg:	
Rental A	greement:				
Copy of Photo ID:			Approved by:	Date:	Senior Citizen Discount: Y N
Please fill out application completely, sign and return to City of Atwater Account Clerk. In accordance with City of Atwater Rules and Regulations, deposits will be required of all new customers equal to one month of utility service.					
Today's date:			Serv	vice Start Date:	
1.	Applicant is:	Owner	Renter	Agent	
2.	Billing name:		(Logg	al Name of Responsible Pa	orty)
	G				ity)
3.	Service Address:	Street		City	Zip
4.	Previous Address: _			G!:	
		Street		City	Zip
5.	Mailing Address: _	- C		C't-	7:
		Street		City	Zip
6.	Home Phone:		Work Phone:		_Cell:
7.	Driver's License #: _		State:		
8.	Name of Co-Applica	nnt:			
9.	Relationship to Appl	licant:			
10. Co-Applicant's Driver License #					State:
11.	Co-Applicant's Hon	ne Phone:		Work #:	Cell#:
	Applicant Signature	(required):			
	Co-Applicant Signature (required):				
	DEPOSIT AMOU	JNT: \$		PAID: CAS	H CREDIT CHECK#