



Fax #
559-685-2366

No 26580

UTILITIES SERVICE APPLICATION

PLEASE PRINT CLEARLY OR TYPE		Date:
Billing Name, Last	First	MI
Service Address:	Owner or Renter	Water: Start or Stop
Mailing Address:	Escrow or Rental Date:	
City: State: Zip:	In Care of:	
Home Telephone () -	Cell Phone:	
Previous Address:	Discontinue Service Date:	
City: State: Zip:	How long:	
Customer's Information		
Social Security Number:	Driver's License Number	
Employer's Name:	Work Telephone () -	
Employer's Address:	Occupation:	
City: State: Zip:	Employment Date:	
Spouse's Information		
Social Security Number:	Driver's License Number:	
Employer's Name:	Employer's Address:	
Owner/Commercial/Property Management		
Name of Property Owner:	Phone Number	
Home Address:	City:	State: Zip:
Company Officers:		
Name of Person Requesting Service: _____ Business telephone:		
Position with Company: _____ () -		
Business Name:		
Type of Business:	TAX ID #	
<p>In signing this application for Utility Service, I agree to abide by all rules and regulations 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.</p>		
Signature: _____		
FOR OFFICIAL USE ONLY:		
Account Id # _____	APN: _____	
Disposal size: _____	Entered By _____	