



# Utility Services Application

Phone #: (209) 883-4054 Fax: (209) 883-2638  
City Hall 7018 Pine St. P.O. Box 9, Hughson, CA 95326

Start Service Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: (If Different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Information for **first** name on the account:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Other #: \_\_\_\_\_  
 CDL#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Information for **second** name on the account:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Other #: \_\_\_\_\_  
 CDL#: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Check One:**

- Owner
- Tenant

**IF APPLICANT IS TENTANT:**

- Property Owner/Mgr Name: \_\_\_\_\_
- Property Owner/Mgr Phone#: \_\_\_\_\_

Already have cans

Cans Needed:

- Green
- Brown

Vacant— No Garbage Service Needed

Garbage Service:

**Included:** (1) 96 gallon Waste Cart and (1) 96 Green Waste Cart. For any additional cart there will be a \$6.75 per each additional cart.

**Billing:** Utility bills are mailed monthly and include water, sewer and garbage and billed as a flat rate. Your bill is considered in delinquent status and subject to a 10% penalty if not paid by the due date. Any bill in delinquent status that requires a discontinuance of service(s) will then require the delinquent bill to be paid in full, as well as a nonrefundable reconnection fee in order for service(s) to be reinstated.

**Deposit:** If service has never been established in Hughson or if a previous service had a history of late payments. A deposit of \$80.00 will need to be paid in order to start or reconnect service. After 1 (one) year of timely payments. For an owner of the property receiving service, the deposit will be credited back into that owners account. For **tenants**, the deposit will be held until discontinuance of service.

**Deposit Paid By:**

**Amount Paid:**

Cash: \$ \_\_\_\_\_

Check #: \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card

I hereby request service at the premises designated, and hereby agree to pay at the rate prescribed by ordinances or resolutions now in effect or hereafter enacted. I understand that I shall be responsible for all charges for service relating to this application from the start date stated on this application until the date I have notified your office for the discontinuation of these services.

Authorized Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

\*For Office Use Only\*

Copy \_\_\_\_\_ Billed \_\_\_\_\_ Entered \_\_\_\_\_

Garbage can size: \_\_\_\_\_ gal. Code \_\_\_\_\_ #of Blue \_\_\_\_\_ #of Green \_\_\_\_\_ Water Rate Code: \_\_\_\_\_ Sewer Rate Code: \_\_\_\_\_

Utility Billing Info: Route # \_\_\_\_\_ - \_\_\_\_\_ Parcel # \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_

Called PW \_\_\_\_\_ Date Form Faxed to WM \_\_\_\_\_ ( ) No Garbage Service/ Vacant