



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 Black _____ #of Green _____ Water Rate Code: _____ Sewer Rate Code: _____

Utility Billing Info: Route # _____ - _____ Parcel # _____ - _____ Account # _____

Called PW _____ Date Form Faxed to Gilton _____ () No Garbage Service/ Vacant