



# Utility Services Application

City Hall  
7018 Pine St. • PO BOX 9 Hughson, CA 95326  
Phone: 209.883.4054 Fax: 209.883.2638  
schavarin@hughson.org

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

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

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

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

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

Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 DL#: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 DL#: \_\_\_\_\_ Email: \_\_\_\_\_

**Check One:**

- Owner
- Tenant
- Property Manager

**IF APPLICANT IS TENANT:**

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

Already have cans

**Cans Needed:**

- Black
- Green

Additional: \_\_\_\_\_

Vacant Home  
(No Garbage Service)

**Garbage Service Includes:** (1) 96 gallon Waste Cart and (1) 96 gallon Green Waste Cart.  
For any additional cart there will be a **\$6.92** per each additional cart.

**Billing:** Utility bills are mailed the beginning of the month and are due last business day of the month. The utility bills include the flat rates for water, sewer and garbage plus water usage per 1,000 gallons. Your bill is considered late 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.

**\$80 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 the 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

*\*For Office Use Only\**

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