## UTILITY SERVICE APPLICATION

START & STOP REQUESTS MUST BE SUBMITTED

ON SEPARATE APPLICATIONS

DATE:\_\_\_\_

START SERVICE:	
CUSTOMER INFORMATION:	CUSTOMER INFORMATION:
NAME:	NAME:
FIRST LAST MI	FIRST LAST MI
BUSINESS NAME:	BUSINESS NAME:
SERVICE ADDRESS:	SERVICE ADDRESS:
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)	NEW MAILING ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
□ OWNER □ RENTER □ PROP MGMT/REALTOR	□ OWNER □ RENTER □ PROP MGMT/REALTOR
START DATE:	STOP DATE:
HOME/CELL PHONE:	HOME/CELL PHONE:
SOCIAL SECURITY #:	
DRIVER'S LICENSE/ID #:	The City of Tulare bills in arrears. Once a stop request is submitted, a final meter read will be obtained and a closing bill will be mailed to the new
SPOUSE'S NAME:	mailing address listed above.
SPOUSE'S PHONE:	PRINT NAME:
SPOUSE'S	
SOCIAL SECURITY #:	SIGNATURE:
SPOUSE'S	
DRIVER'S LICENSE/ID #:	
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OWNER/PROPERTY MANAGEMENT INFORMATION:	
(IF DIFFERENT FROM ABOVE)	S SECTION
OWNER'S NAME:	
OWNER'S ADDRESS:	
OWNER'S PHONE:	TOP AND TOPINS
owner(s rhone.	EIIBORATED APRIL 5
PLEASE CHECK ALL THAT APPLY	
□ SIGN UP FOR AUTO PAY	FOR OFFICIAL USE ONLY:
(PLEASE ATTACH AUTO PAY FORM WITH VOIDED CHECK)	
	□ PAID SAME-DAY TURN ON FEE
(MULTIPLE CITY OF TULARE UTILITY ACCOUNTS)	ACCOUNT #:
By signing this application for Utility Service, I agree to	
abide by all rules and regulation of the Utilities	SW EMAIL SENT:
Department, and I agree not to hold the Board of Public Utilities or the City of Tulare responsible for any damage	
to my property caused by open water faucets.	EID #:
I further agree I have read the above agreement.	
PRINT NAME:	ACTIVE CLOSED – DATE:   METER READING: READ DATE:
SIGNATURE:	