



START DATE: _____

UTILITY SERVICES REQUEST

BY: _____

NEW TENANT OR OWNER/DUENO O INQUILINO

ACCOUNT NUMBER: _____

NAME/NOMBRE: _____ *(IF TENANT/SI NO ES DUENO)

SERVICE ADDRESS/DOMICILIO: _____

BILLING ADDRESS/CORREO: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (H)/TELEFONO(C): _____ TELEPHONE (W)/TELEFONO (T): _____

PREVIOUS ADDRESS/DOMICILIO ANTERIOR: _____

EMPLOYER/LUGAR DE TRABAJO: _____

SOCIAL SECURITY/SEGURO SOCIAL: _____

DRIVERS LIC. OR ID #/LICENCIA DE MANEJAR O ID: _____

*OWNER'S NAME/NOBRE DEL DUENO: _____

ADDRESS/DOMICILIO: _____

TELEPHONE (H)/TELEFONO(C): _____ TELEPHONE (W)/TELEFONO (T) _____

GARBAGE SERVICE/SERVICIO DE LA BASURA:

Please choose one/Escojo Uno

1 CAN/BOTE (\$14.58)

2 CANS/BOTES (\$22.61)

3 CANS/BOTES (\$30.64)

RECYCLING CONTAINERS/RECIPIENTES PARA RECICIAR YES/SI - NO

SIGNATURE OF PERSON REQUESTING SERVICE/FIRMA DE LA PERSONA PIDIENDO EL SERVICIO

OFFICE USE ONLY
DEPOSIT:
WATER ON:
READING:

