

CITY OF LATHROP  
APPLICATION FOR UTILITY SERVICE

DATE \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

FULL NAME \_\_\_\_\_ SS NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE NO. \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EMPLOYER TELEPHONE NO. \_\_\_\_\_

FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE NO. \_\_\_\_\_

SS NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EMPLOYER TELEPHONE NO. \_\_\_\_\_

RELATIVE OR FRIEND TO CONTACT IN CASE OF EMERGENCY  
NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NUMBER OF PEOPLE USING WATER SERVICE \_\_\_\_\_

I/We understand and agree that any credit granted shall be paid promptly in accordance with terms and agreements, that the credit grantor may add one and one-half percent (1-1/2%) per month to any balance owed, and in event of default to pay reasonable collection charges and/or attorney fees.

If more than one adult resides in the household, both must sign this document. In the event only one adult signer leaves the household, the deposit will remain with the other adult signer.

Rent \_\_\_\_\_ Own | \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

FOR OFFICE USE ONLY

AMOUNT OF DEPOSIT \_\_\_\_\_ DATE PAID \_\_\_\_\_

DATE SERVICE TO BEGIN \_\_\_\_\_ DATE ENDED \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_