

**CITY OF LATHROP
APPLICATION FOR UTILITY SERVICE**

DATE	RESIDENTIAL _____	COMMERCIAL _____	RENT _____	OWN _____
APPLICANT FULL NAME		SS NO		
STREET ADDRESS				
DATE OF BIRTH		DRIVERS LICENSE NO		
TELEPHONE NO.		CELL PHONE NO.		
EMPLOYER NAME				
EMPLOYER TELEPHONE NO.				
CO-APPLICANT FULL NAME				
STREET ADDRESS				
DATE OF BIRTH		DRIVERS LICENSE NO		
TELEPHONE 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 a half percent (1-1/2% per month to any balance owed, and in the 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 agreement. In the event only one adult signer leaves the household, the deposit will remain with the other adult signer.

SIGNATURE	
PRINTED NAME	
SIGNATURE	
PRINTED NAME	
FOR OFFICE USE ONLY:	
AMOUNT OF DEPOSIT	DATE PAID
DATE SERVICE TO BEGIN	DATE ENDED
FORWARDING ADDRESS	