

Residential CUSTOMER SERVICE APPLICATION

Today's Date _____ Date to begin services _____

Name(s) to appear on billing _____

Home telephone # _____

Mailing Address _____

Service (Street) Address _____

Employer Name, Address _____

And Phone # _____

Other Employer _____

And Phone # _____

Property owner Name, Address & Phone # _____

Customer I D: CA lic # _____

FOR DISTRICT USE ONLY

Acct. Number _____ Meter Number _____

Reading _____ Reading Date _____

Previous Acct. Info. _____

Date to end Services _____

Notes _____
