

**APPLICATION FOR MUNICIPAL UTILITIES  
CITY OF SUISUN CITY (707) 421-7320  
701 CIVIC CENTER BLVD., SUISUN CITY, CA 94585-2600**

\*DATE SERVICES TO START: \_\_\_\_\_ Account ID# \_\_\_\_\_  
RT# \_\_\_\_\_ SVC# \_\_\_\_\_

\*PROPERTY ADDRESS: \_\_\_\_\_

\*NAME: (PLEASE PRINT) \_\_\_\_\_

MAILING ADDRESS LAST FIRST MIDDLE  
IF DIFFERENT: \_\_\_\_\_

STREET NUMBER STREET NAME

CITY STATE ZIP CODE

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

EMPLOYER ADDRESS: \_\_\_\_\_

STREET NUMBER/NAME CITY ZIP CODE

\*HOME/CELL PHONE: ( ) \*ALTERNATE PHONE: ( )

\*LAST 4 OF SSN #: \*DRIVERS LICENSE #:

\*PLEASE CHECK ONE: OWNER:  TENANT:  \*EMAIL: \_\_\_\_\_

**NOTE:** IT IS UNDERSTOOD THAT FAILURE TO PAY UTILITY BILLS IS CAUSE FOR THE CITY TO STOP WATER SERVICE. BILLS ARE DUE AND PAYABLE UPON PRESENTATION. ALL ACCOUNTS WILL BE DELINQUENT 30 DAYS AFTER THE BILLING DATE AND IF NOT PAID WITHIN 60 DAYS AFTER BECOMING DELINQUENT THE ACCOUNT AND/OR SERVICE WILL BE DISCONTINUED. THE CUSTOMER IS STILL LIABLE FOR ALL RECURRING BASE CHARGES, INCLUDING PENALTIES, UNTIL THE CUSTOMER SUBMITS THE APPROPRIATE DOCUMENTS TO THE CITY TO STOP THE SERVICE.

Have you ever had water service in Suisun City previously?    \_\_\_ YES \_\_\_ NO

**All delinquent accounts are subject to the lien process.  
Therefore, I hereby authorize The City of Suisun-Water  
Department to release account balance information  
upon request.**

\_\_\_\_\_  
\* SIGNATURE FOR RELEASE



(\*) REQUIRED

\_\_\_\_\_  
\*ACCOUNT HOLDER'S SIGNATURE

LOCATION ID _____	O/S CITY _____	INPUT BY _____
WATER CLASS _____	METER SIZE _____	START READ _____
METER # _____	BEG READ _____	PULL READ _____
CHARGE CODES/MULTIPLIER: CLOSING BILL ADDRESS: _____	SW _____	S1 _____ S2 _____ FT _____
STOP DATE: _____	STOP READ _____	BALANCE DUE _____
DATE TO C/B _____	TRANSFER DEPOSIT	YES NO AMOUNT _____

**DEPOSIT INFORMATION**

DEPOSIT \$ \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT \_\_\_\_\_

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DEPOSIT \$ \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT \_\_\_\_\_

DEPOSIT TRANSFER AMNT \$ \_\_\_\_\_ DATE \_\_\_\_\_

TRANSFER TO ACCT ID # \_\_\_\_\_

DEPOSIT REFUND AMNT \$ \_\_\_\_\_ DATE \_\_\_\_\_

DEPOSIT REFUND AMNT \$ \_\_\_\_\_ DATE \_\_\_\_\_

RETURNED CHECK CODE \_\_\_\_\_ DATE \_\_\_\_\_

HARDSHIP EXTENSION DATE \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_