

CITY OF JACINTO CITY
UTILITY DEPARTMENT

APPLICATION FOR UTILITY SERVICE

NAME: _____

SERVICE ADDRESS: _____

PREVIOUS SERVICE ____ YES ____ NO IF SO WHAT ADDRESS?

TDL # _____ SS # OR ID# _____

HOME PHONE _____ CELL PHONE _____

BUYING ____ RENTING ____ LANDLORD'S NAME _____

NAME ADDRESS AND PHONE NUMBER OF EMPLOYER: _____

NAME OF NEAREST RELATIVE NOT LIVING AT SAME ADDRESS

_____ ADDRESS _____

HOME PHONE _____ CELL PHONE _____

REFERENCE NAME _____ ADDRESS _____

HOME PHONE _____ CELL PHONE _____

I UNDERSTAND THAT DEPOSIT IN THE AMOUNT OF \$ _____ WILL BE
HELD ON FILE AND WILL BE REFUNDED ONLY AFTER MY FINAL ACCOUNT
IS PAID IN FULL.

APPLICANT'S SIGNATURE _____

RECEIVED BY _____ DATE _____

REQUEST FOR CONFIDENTIALITY OF PERSONAL INFORMATION

THE CITY OF JACINTO CITY'S WATER DEPARTMENT MAY NOT DISCLOSE IN A CUSTOMER'S ACCOUNT IF THE CUSTOMER REQUESTS THAT THE GOVERNMENT OPERATED UTILITY KEEP THE INFORMATION CONFIDENTIAL.

_____ I DO NOT WANT MY PERSONAL INFORMATION DISCLOSED.

_____ MY PERSONAL INFORMATION MAY BE DISCLOSED

NAME: _____

ADDRESS: _____

ACCOUNT NO.: _____

ACCEPTED BY: _____ CITY OF JACINTO CITY

BY: _____ DATE: _____