

APPLICATION FOR UTILITY SERVICES

Applicant/Business Information

Applicant's Status: Owner Tenant Property Manager

Last Name/Business Name First Name

SSN Date of birth Email

Drivers Licence # Home Phone Cell or Alt Phone

Co-Applicant Information

Co-Applicant Last Name Co-Applicant First Name

Cell or Alt Phone

Service Connection Information

Service Start Date Service Address

Trash Service

Residential Cart Recycle Cart Commercial Bin

On site On site Number of Bins
 Not on site Not on site Times per week

Mailing Address

City State Zip Code

New Meter Installation
Meter Size: 1 1½ 2 3 4 6
(circle one)

I hereby apply for water, sewer, and trash service at the above premises and I agree to use and pay therefore in accordance with rates, rules and regulations of the City of Tehachapi. I also acknowledge that I am responsible for all charges until a termination request form is received.

Date Signature

OFFICE USE ONLY

Utility Services

Meter Installation

Verified Owner Meter Read # APN No.

ID Verified SEMS Work Order SEMS Work Order

Deposit Rec # WM/Benz Order Date Serial #

Deposit Amount Account # Date Fees Paid

Rubbish Cart Receipt Yes No
 Vacant No Springbrook Zone Taken By