CITY OF AVENAL
REQUEST FOR SERVICE

DATE: _____ TIME: _____

HOLD UNTIL: _____ Acct. #: _____

NEW CUSTOMER INFORMATION: Water Only ☐ Bus. ☐ SFR ☐ Mult. _____

Name: _____ Phone #: _____

Driver's License No: _____ D.O.B.: _____

SSI#: _____ Occupation: _____

Employer: _____
(Name) (Address)

Deposit Required: YES: ☐ NO: ☐ DEP. # _____ AM'T. _____

I, THE UNDERSIGNED, understand that in requesting water, sewer, garbage and streetlight services from the City of Avenal I am financially responsible for the payment of all bills incurred as a result of service:

Signature of Applicant: _____

Signature of Co-Signer: _____

Address of Co-Signer: _____

PREVIOUS CUSTOMER INFORMATION:

Name: _____ Acct. #: _____

Forwarding Address _____

I, UNDERSIGNED, request to terminate services

Signature _____

SERVICE ADDRESS:

MAILING ADDRESS: ZIP +

OFFICE USE ONLY
(For other than 1 unit residentials)

Street Light Rate: _____
Discount: _____
Water Rate: _____
Sewer Rate: _____
Garbage Rate: _____
Service Charge: _____
Comments: _____

Ent. on Comp.: _____ By: _____

FIELD USE ONLY
CP LOCK UNLOCK SET

Route #: _____
Meter #: _____
Meter Size: _____
Meter Read: _____
Set Read: _____
Comp. By: _____
Comp. Date: _____

Entered Loc.:
Entered in MB:

REQUEST No.