

GRIDLEY MUNICIPAL UTILITIES

685 Kentucky Street, Gridley CA. 95948

APPLICATION FOR SERVICE

ph.(530) 846-5695 Fax (530) 846-3229

FOR OFFICE USE ONLY

Today's date:	Service Start::
Location No. :	Service End:
Route No.:	Customer ID:

➤ **For Solid Waste Service Application call Waste Management (WM) at (530) 893 - 8053**

Applicant

Applicant Name:		
Service Location:	Apt. No/Unit	
Do you (check one): Own <input type="checkbox"/> Agent <input type="checkbox"/> Rent <input type="checkbox"/> If Rented Name of Owner:		
Mailing Address:		
Previous Address:		
Home ph.#	Cell/Message#	Work #:
Social Security#: (OPT.)	Drivers License #	
Date of Birth:	Employed By:	
Employers Address		
Occupation	Length of Employment	

Spouse/Co-Occupant

Name	
Social Security#: (OPT.)	Drivers License #
Date of Birth:	Employed By:
Employers Address	Work Phone#
Occupation	Length of Employment

Emergency Contact

Name:	Name:
Address:	Address:
Phone number:	Phone number:
Relationship:	Relationship:
Anyone in the home using oxygen or life support equipment?	

The undersigned requests city utility service at the premises noted hereon, if within the area of supply, and promises to purchase same and pay therefore in accordance with the schedule or rates currently in effect and to conform to the rules and regulations set forth in those related laws of the City of Gridley.

Applicant Signature: _____ Date: _____

Co-Applicants Signature: _____ Date: _____