

**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:

**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.#	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: \_\_\_\_\_