

**FOR OFFICE USE ONLY**

Today's date: \_\_\_\_\_ Service Start: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Service End: \_\_\_\_\_  
**Hydrant**

**Connection  Disconnection  Name Change Request  Mailing Address Change**

**Anyone in the home using oxygen or life support equipment? YES  NO**

**Applicant**

Applicant Name: \_\_\_\_\_  
Service Location: \_\_\_\_\_ Apt. No/Unit \_\_\_\_\_  
Do you (check one): Own  Agent  Rent   
If Leased Name of Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home ph.# \_\_\_\_\_ Cell/Message# \_\_\_\_\_  
Social Security#: (OPT.) \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Spouse/Co-Occupant**

Name \_\_\_\_\_  
Social Security#: (OPT.) \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Cell/Message# \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

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: \_\_\_\_\_