

GRIDLEY MUNICIPAL UTILITIES APPLICATION FOR SERVICE

PH:(530) 846-5695 FAX: (530) 846-3229
www.gridley.ca.us

FOR OFFICE USE ONLY

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

➤ For A 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 Agent Rent 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: _____

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| | | |
|-----------------|-----------------------------|-------------------|
| SET/ON: | READ & TURN ON: | DATE: |
| OUT/OFF: | READ & SHUT OFF: | READ ONLY: |

TYPE OF SERVICE: **RESIDENTIAL:** ____ **COMMERCIAL:** ____

SERVICE ADDRESS: _____

| | NEW | CLOSING | DATE/TIME | INITIAL | BOOT | LOCK |
|-----------------|-----|---------|-----------|---------|------|------|
| ELECTRIC | | | | | | |
| WATER | | | | | | |
| SEWER | | | | | | |

| | | |
|---------------------------|--|----------------|
| ELECTRIC METER NO. | ERT NUMBER (M screen, icon, D, line 7) | READING |
| | | |
| DEMAND METER NO. | ERT NUMBER (M screen, icon, D, line 7) | READING |
| | | |
| WATER METER NO. | SERIAL CLOCK NUMBER (M screen, icon, A, line 9) | READING |
| | | |

| | | |
|---|-----------------------|-----------------|
| DEPOSIT REQUIRED: __ YES __ NO AMOUNT DUE: \$ _____ | __ GOOD CREDIT | __ OWNER |
|---|-----------------------|-----------------|

COMMENTS:
