

ROUTE/SERVICE: _____ CUSTOMER No.: _____

CITY OF BIGGS

APPLICATION FOR SERVICES

PO BOX 307, BIGGS, CA 95917-0307 ♦ 530-868-5493

PLEASE COMPLETE THE FOLLOWING APPLICATION COMPLETELY. THE CITY OF BIGGS WILL PROVIDE YOU WITH THE COSTS OF UTILITY RATES AND ALL CHARGES AND RULES THAT MAY BE APPLICABLE. ADDITIONAL INFORMATION MAY BE REQUIRED TO EVALUATE YOUR APPLICATION.

TODAY'S DATE: _____ SERVICE START DATE: _____

NAME: _____

MAILING ADDRESS: _____

SERVICE LOCATION: _____ APT./UNIT NO. _____

OWN _____ RENT _____ AGENT _____ (CHECK ONE)

PROPERTY OWNER/ADDRESS: _____

SOCIAL SECURITY NO.: _____ - _____ - _____ BIRTHDATE: _____

DRIVER'S LICENSE: _____ EXP: _____

PREVIOUS ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

E-MAIL ADDRESS: _____

EMPLOYER NAME: _____

ADDRESS: _____

OCCUPATION: _____ LENGTH OF EMPLOYMENT: _____

Co-Occupant

NAME: _____

SOCIAL SECURITY NO.: _____ - _____ - _____ BIRTHDATE: _____

DRIVERS LICENSE: _____ EXP: _____

RELATIONSHIP TO APPLICANT: _____

PREVIOUS ADDRESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

OCCUPATION: _____ LENGTH OF EMPLOYMENT: _____

WORK TELEPHONE: _____

I/WE HEREBY CERTIFY ALL INFORMATION WHICH I/WE HAVE STATED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE AUTHORIZE THE CITY OF BIGGS TO OBTAIN CREDIT REPORT(S) AND/OR TO VERIFY THE ABOVE INFORMATION.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

