



City of Waterford
101 E Street
Waterford, CA 95386

www.cityofwaterford.org

APPLICATION
**UTILITY CHANGE SERVICE
WATERFORD AND HICKMAN**

Please Type or Print

Applicant General Information

APPLICANT (First Name and Last Name)		SOCIAL SECURITY
HOME PHONE NUMBER	WORK NUMBER	CELL PHONE NUMBER

Former Address (Address that you are moving out of.)

<input type="checkbox"/> OWNER	<input type="checkbox"/> RENTER	<input type="checkbox"/> SEWER	<input type="checkbox"/> WATER
SERVICE ADDRESS		STOP SERVICE DATE (Monday through Friday only.)	

New Address (Address that you are moving into.)

<input type="checkbox"/> OWNER <small>(If you are a renter you must also fill out the owner / landlord information below.)</small>	<input type="checkbox"/> RENTER	<input type="checkbox"/> SEWER	<input type="checkbox"/> WATER
SERVICE ADDRESS		START SERVICE DATE (Monday through Friday only.)	

Mailing Address

(If different from your New Address.)

Owner / Landlord General information (if applicable)

OWNER / LANDLORD (First Name)	(Last Name)	
MAILING ADDRESS (Street, City, State, Zip Code)		
HOME PHONE NUMBER	WORK NUMBER	CELL PHONE NUMBER

*** City of Waterford Use Only ***

Para el Uso de la Ciudad de Waterford Solamente

TURN WATER <input type="checkbox"/> ON <input type="checkbox"/> OFF DATE: _____	
METER SERIAL #	WATER METER READ
Official Signature	Date Entered into System