



City of Waterford
101 E Street
Waterford, CA 95386

www.cityofwaterford.org

APPLICATION
UTILITY STOP SERVICE
WATERFORD AND HICKMAN
Please Type or Print

Applicant General Information

APPLICANT (First Name and Last Name) / (Nombre de Apicante)

OWNER / (Dueno/a) RENTER / (Rentero/a)
(If you are a renter you must also fill out the owner / landlord information below.)

SEWER / (Drenaje) WATER / (Agua)

SERVICE ADDRESS (Street, City, State, Zip Code) / (Direccion de Servicio de Drenaje)

FORWARDING ADDRESS (Street, City, State, Zip Code) / (Direccion de Reenvio)

HOME PHONE NUMBER / (Numero de Telefono)

WORK NUMBER / (Numero de Trabajo)

CELL PHONE NUMBER / (Numero de Celular)

DATE TO STOP SERVICE (Water can only be turned on/off from Monday through Friday.) / (Fecha de Parar Servicio)

Owner / Landlord General Information (if applicable) / (Informacion General de Dueno o Propietario)

OWNER / LANDLORD (First Name) / (Primer Nombre)

(Last Name) / (Apellido)

MAILING ADDRESS (If different from above. Street, City, State, Zip Code) / (Direccion de Correo)

HOME PHONE NUMBER / (Numero de Telefono)

WORK NUMBER / (Numero de Trabajo)

CELL PHONE NUMBER / (Numero de Celular)

*** City of Waterford Use Only ***

Para el Uso de la Ciudad de Waterford Solamente

TURN WATER

ON OFF READ ONLY DATE: _____

METER SERIAL #

WATER METER READ

OFFICIAL SIGNATURE