



Service Request/Credit Application

(Please Print)

Service Location:			
Start Date:	Own__ Rent__	Owner's Name	Owner's Phone
			()
New Customer Information:		Owner's Address	
Company Name: <small>(if applicable)</small>			
First Name:			
Middle Name:			
Last Name:			
Driver's License #		State	
Social Security #		Federal Tax ID # <small>(Only if in Company Name)</small>	
Employer:			
Home Phone	()	Cell Phone	()
Work Phone	()	Alternate Phone	()
E-mail Address (optional):			
Spouse's Name:		Spouse's Social Security #:	
Spouse's Employer:		Telephone #:	
Mailing Address:			
Street Address or P.O. Box			
City, State, Zip			
Emergency Contact Information: Person not living in the same residence			
Name:		Phone	()

- I authorize the City of San Jacinto to perform a credit check to determine the amount of my deposit. I understand that a \$15 processing fee will be applied to my account.
- Do not run a credit check. I will pay the maximum deposit as required.

AGREEMENT: The applicant, in consideration of water service being supplied by the City of San Jacinto Water Department at the above named premises, agrees to pay for said services as bills are rendered at current rates UNTIL THE SERVICE IS ORDERED DISCONTINUED BY THE UNDERSIGNED. The deposit will be held until said account is closed or, for residential customers only, after 12 consecutive months of no late payments. This contract shall, at all times, be subject to changes or modifications by the City of San Jacinto City Council as said Council may, from time to time, direct in the exercise of its jurisdiction.

Signature _____

Date _____