☐ ENTERED

City of Sebastopol – Customer Service Application

START DATE_____ ☐ RESIDENTIAL ☐ COMMERCIAL ACCOUNT NO. _____

_____ _____ _____
LAST NAME FIRST NAME MI

_____
BUSINESS NAME *(Required for business accounts. Do not use an individual's name. For mailing purposes, Include both the business and individual names using "c/o")*

_____ _____ _____ _____
SERVICE ADDRESS CITY STATE ZIP

_____ _____ _____ _____
MAILING ADDRESS CITY STATE ZIP
(if different from service address)

_____ _____ _____ _____
EMAIL ADDRESS CELL PHONE BUSINESS PHONE ALTERNATE PHONE

_____ _____ _____ _____
SOCIAL SECURITY NO DATE OF BIRTH DRIVER LICENSE NO EXPIRATION DATE

_____
NUMBER OF PEOPLE IN HOUSEHOLD

_____/_____/_____
SIGNATURE/CALLER NAME DATE & TIME OF CALL

CUSTOMER TYPE: ☐ OWNER ☐ RENTER* *(provide copy of rental agreement)* ☐ AGENT

* ***Renter: If you are responsible for multiple units or roommates who pay rent individually, the account MUST remain in the property owner's name***

_____ _____ _____
LANDLORD NAME EMAIL ADDRESS PHONE NUMBER

_____ _____ _____ _____
LANDLORD MAILING ADDRESS CITY STATE ZIP

A $50 start of service fee will appear on your first utility bill and is due when that bill is due.

Start Service Fee: $50 ☐ YES ☐ NO * ONLY FOR READ & TRANSFER or AGENTS

OFFICE USE ONLY

BILLING DATA

METER READ _____ **WATER** **OFF** ☐ **ON** ☐

DATE READ _____

METER # _____ **TRANSMITTER #** _____

WINTER AVERAGE _____