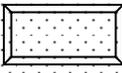




# RESIDENTIAL SIGN IN UTILITY SERVICES

PH.: (209) 394-8041  
FAX: (209) 394-4190

**THIS INFORMATION IS CONFIDENTIAL  
PLEASE PRINT**

OFFICE USE ONLY	
ACCT# _____	
DATE: _____	

DATE MOVING IN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ RENT \_\_\_\_\_ OWN \_\_\_\_\_

SINGLE FAMILY \_\_\_\_\_ DUPLEX \_\_\_\_\_ TRIPLEX \_\_\_\_\_ FOURPLEX \_\_\_\_\_ APT \_\_\_\_\_

NEW ADDRESS MOVING INTO: \_\_\_\_\_

HOW MANY GARBAGE CANS AT THIS ADDRESS: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT THAN ABOVE:

\_\_\_\_\_  
PO BOX / STREET ADDRESS  
\_\_\_\_\_

**NAME:** \_\_\_\_\_  
FIRST MIDDLE LAST

HOME PHONE # \_\_\_\_\_ MESSAGE PHONE # \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE / ID # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**SPOUSES INFORMATION:**

\_\_\_\_\_  
FIRST MIDDLE LAST

HOME PHONE # \_\_\_\_\_ MESSAGE PHONE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LIC/ID # \_\_\_\_\_

**RETURNED CHECK POLICY & RESPONSIBLITLY OF PAYMENTS**

If for any reason I issue a check to the City of Livingston and that check is returned to the City unpaid by the bank, I agree to pay the returned check fee imposed by the City currently set at \$25.00 I agree to pay all water, garbage, sewer & penalties fees accessed during the time period that I reside at the above address, and when I move or no longer want responsibility of the utility fees it is my responsibility to notify the City of such a change.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY CITY HALL**

**CREDIT CHECK**

PAID \$ \_\_\_\_\_

**RESIDENTIAL DEPOSIT**

PAID \$ \_\_\_\_\_