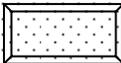




**BUSINESS
SIGN IN
UTILITY SERVICES**

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

OFFICE USE ONLY	
ACCT# _____	
DATE: _____	

*THIS INFORMATION IS CONFIDENTIAL
PLEASE PRINT*

STARTING DATE OF SERVICE: _____ / _____ / _____

BUSINESS NAME & OWNER NAME: _____

BUSINESS ADDRESS: _____

HOW MANY GARBAGE BINS AT THIS ADDRESS: _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE:

_____ PO BOX / STREET ADDRESS

_____ CITY STATE ZIP

HOME PHONE # _____ MESSAGE PHONE # _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE / ID # _____

DATE OF BIRTH _____

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 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: _____

THIS SECTION TO BE COMPLETED BY CITY HALL

CREDIT CHECK

**BUSINESS DEPOSIT OF
\$200.00 REQUIRED**

PASS _____ FAIL _____

\$ _____