

CITY OF LIVINGSTON
CREDIT CHECK AUTHORIZATION
 Email: utilities@livingstoncity.com
 Fax: (209) 394-4190



	APPLICANT	CO-APPLICANT
First Name		
Middle Initial		
Last Name		
Social Security		
	OLD ADDRESS	NEW ADDRESS
Street		
City		
State		
Zip		

I authorize the City of Livingston to run a credit check report from the information given above to establish new utility services.

Applicant Signature:

Co-Applicant Signature:

Date:

Attention: Credit score of 649 and above is required to waive the new service deposit. \$5 processing fee is non-refundable.