



City of Escalon Utility Services Application

Property Address: _____ Old ID#: _____ New ID#: _____

() New Owner () Owner – Close of escrow date: _____ () Renter – Move in date: _____

CUSTOMER INFORMATION

Name: _____ DOB _____ DL# _____ SSN _____

Mailing Address: _____

Cell Phone # _____ Text Notifications Text Notifications
 Phone Notifications Other # _____ Phone Notifications

Employer Name & Address: _____

Spouse/Partner: _____ DOB _____ DL# _____ SSN _____

Cell Phone # _____ Home # _____ Other # _____

Employer Name & Address: _____

Emergency Contact: Name: _____ Phone #(s): _____

Email Address: _____ Email Bill (Circle): Yes No Both

Adobe Acrobat Reader is required to open your bill. Please ensure that you have Adobe Acrobat Reader and check for your first bill early. City of Escalon is not responsible for any late fees incurred due to inability to view the bill.

FOR CITY USE ONLY

() WATER SERVICE () SEWER SERVICE () GARBAGE SERVICE

Garbage can size: 60 Gal () 90 Gal () # of cans _____ Change can size to: _____ Notes _____

- I understand that water service will be furnished and used with the rules, regulations and ordinance of the City of Escalon, and I further understand the City of Escalon does not in any manner guarantee continuous delivery of water on demand nor does it assume any responsibility for damages which may occur due to an interruption of water delivery.
- I hereby guarantee payment of all costs of water, sewer and garbage services rendered to this property in accordance with this application and agree to immediately notify the City of Escalon Utility Department of any changes to this account.
- If a renter, I understand that account information may be disclosed to owner if necessary.
- I understand it is my responsibility to contact the City as soon as possible when vacating the property.
- If my water service is disconnected 3 or more times within a 12 month period, I agree to pay an additional deposit (total deposit on account to equal \$400).
- I am hereby notified that a 10% penalty will be assessed to my account if payment is not received by the due date.

Deposit: \$ _____ Date Paid: _____ Cash () Ck () Ck# _____ M.O. ()

Deposit will be credited to account after 12-consecutive months of service with no late fees and no returned checks OR to the final closing bill, whichever comes first.

Date: _____ Signature of applicant: _____

*Return to: 2060 McHenry Ave. Escalon CA 95320 * Fax to: 209.691.7409 * email: utilities@cityofescalon.org
Please include application, copy of driver's license, and \$200 deposit.*