



City of Kerman

Application for Utility Services

New _____ Change _____ Rent Own

Account # _____ Received By: _____

Service Start Date: _____

Customer Name (1): _____ SSN (1) _____

Customer Name (2): _____ SSN (2) _____

Business Name: _____

Service Address: _____

Mailing Address: _____ City/St/Zip _____

Telephone Number _____

Employer Name (1) _____ Emp. Ph # _____

Employer Name (2) _____ Emp. Ph # _____

Drivers License No. (1) _____ Drivers License No. (2) _____

Emergency Contact: _____ Phone # _____

Property Owners Name _____

Address: _____ City/St/Zip _____

Property Owners Phone No. _____

Forwarding Address _____ City/St/Zip _____

_____ I understand that the billing will begin on the date that the residence passes final inspection and it will be my responsibility to pay the invoice. The initial billed amount will be pro-rated for any days remaining in the current billing cycle.

Signature #1 _____

Signature #2 _____

CITY OF KERMAN OFFICE USE ONLY:

Deposit Amount	Date Paid	Receipt No.	Entered
Water Units	Sewer Units	Solid Waste Code	Storm Drain
Tract No.	Lot Number	Square Feet	APN Number
G.W. _____	Recycle _____	Trash _____	Ordered _____
		Has Bins <input type="checkbox"/>	Water On <input type="checkbox"/>