CITY OF ATWATER
1350 Broadway Ave, Atwater, CA 95301
Customer Service Phone: (209) 357-6310/(209) 357-6313
FAX (209) 357-6364
EMAIL: billing@atwater.org
WEBSITE: www.atwater.org

City of Atwater
Community Pride City Wide

START SERVICE APPLICATION
FOR WATER, SEWER & GARBAGE SERVICES

***** OFFICE USE ONLY *****		
Acct. Clerk Name:		**Owner/Rental Paperwork:**
New Account #:		**Copy of Photo ID:**
Previous Account #:		**Deposit or Reason for Waiving:**

Please fill out application completely, sign, and return to the City of Atwater Finance Department. A valid government ID, and proof of residence (ownership or renting) is required to establish services. In accordance with City of Atwater Rules and Regulations, deposits will be required of all new customers equal to one month of utility service.

Today's date: _____ Service Start Date: _____

1. Applicant is: Owner Renter Agent
2. Billing Name: _____
   (Legal Name of Responsible Party)
3. If Renter, Provide Owner Name, Phone #, Address:
   _____
4. Service Address: _____
5. Mailing Address: _____
   Street City State Zip
6. Previous Address: _____
   Street City State Zip
7. Cell Phone: _____ Home Phone: _____ Work Phone: _____
8. Driver's License #: _____ State: _____
9. Applicant Email: _____
10. Name of Co-Applicant: _____
11. Co-Applicant's Driver License #: _____ State: _____
12. Co-Applicant's Cell Phone: _____ Home Phone: _____ Work Phone: _____
13. Co-Applicant's Email: _____

Applicant Signature (required): _____

Co-Applicant Signature (required): _____

OFFICE USE ONLY	DEPOSIT AMOUNT:	PAID: CASH CREDIT CHECK#