

UTILITY SERVICE APPLICATION

_____ Residential _____ Commercial _____ Industrial

Service Address _____

Billing Name _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____ Cell Phone _____

1st time service in Tracy? _____, If not, last Tracy address _____

If commercial or industrial, is the business tax exempt? _____ (If yes, please attach your ST-3 form)

Please check and complete one:

I am:

_____ Owner of Property

_____ Renter/Lessee

_____ Recorded Contract for Deed (will need proof)

Property Owner _____

All properties are charged for Water, Sewer, Surcharge, Garbage and applicable taxes.

Please select your Garbage service preference:

Primary Heat Source:

_____ 35 Gallon (9.57/mth)

_____ Electric

_____ 65 Gallon (11.66/mth)

_____ Gas

_____ 95 Gallon (18.03/mth)

_____ Other

_____ Alley Service (Price above + \$2)

Requested Start Date * _____ Time * _____

*It is a requirement that a representative be present on installs.

*A 24-hour notice is required.

*Inspections are required on properties vacant for more than three (3) days during the winter months or more than one (1) month any other time of the year. Please be prepared to allow time for this inspection if needed.

VERIFICATION OF RECEIPT AND ACKNOWLEDGMENT OF RESPONSIBILITIES

I hereby certify the information given on this application is true and correct. Also, by signing below, I verify that I have received the City of Tracy Public Utilities Procedure Pamphlet and I understand my responsibility to read the contents. This pamphlet is issued to better inform customers of certain City procedures. I understand that from time to time the City may issue additional policies or updates.

Signature

For Office Use Only:

Radio Read Meters

Reading _____

Meter ID# _____

ADE or RTR _____

Serial # _____

Meter Mfg & Model _____

Date Application Received _____

Date Deposit Paid _____

Deposit Amount Paid _____

Forwarding Address if Disconnect _____

Other Meters

Reading _____

Meter Size _____

Meter Type _____

(_____) Install (_____) Disconnect

(_____) Change over (_____) Reading check/Profile

(_____) New Meter (_____) NSF/Non-Payment

Account Number _____

Notes: _____
