

Level of Trash Service _____

Processed by _____

CITY OF GONZALES SERVICE ORDER

Connect Transfer Disconnect

Date: _____

SERVICE ADDRESS: _____

Residential Commercial Industrial Other

NAME _____

TELEPHONE NUMBER _____

MAILING / FORWARDING ADDRESS _____

CITY / STATE / ZIP: _____

CONNECT CONTRACT

The undersigned hereby requests that water service be connected as stated hereon, until receipt of formal notice from the undersigned requesting discontinuance of said service, and agrees to pay for such service promptly, according to the statement made each month, at regular rates applicable for such service, as provided in the rates, rules and regulations which have been approved by the Gonzales City Council.

SIGNED X _____
 OWNER TENANT DATE

DISCONNECT ORDER

The undersigned hereby authorizes the disconnection of water services as indicated hereon.

SIGNED X _____

CONNECT / TRANSFER FEE: \$ _____

METER RECORD

DEPOSIT: \$ _____

METER # _____ SIZE: _____

CALIFORNIA DRIVER'S LICENSE #: _____

READING: _____ TRANSPONDER #: _____

SOCIAL SECURITY #: _____

P.W. STAFF INITIALS: _____ TIME: _____