City of Woodlake
City Hall – 350 N. Valencia Blvd. – Woodlake, CA 93286 – P: (559)-564-8055 – F: (559)-564-8776

UTILITIES APPLICATION FORM

Property Address: _____ Cell#: _____ Phone#: _____ Date: _____

Name of Applicant and/or Business: _____

Mailing Address: _____

Check the box that applies: Are you the Owner ____ Renter ____ Realty Company ____ other: _____

APPLICANT INFORMATION: Driver Lic. No. or I.D. No. _____ Social Sec. No. _____

Date of Birth: _____ Name of Relative or Friend – to contact in case of emergency: _____

Relationship: _____ Phone #: _____ Cell#: _____

Address: _____

EMPLOYER: Name _____ Address _____

Phone No.: _____ How long employed: _____ Supervisors Name: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Applicant Signature: _____ Co-Applicant Signature _____

Print Name: _____ Print Name: _____ Date: _____

DO NOT WRITE BELOW THIS BOX – OFFICE USE ONLY

OFFICE USE ONLY BELOW

Date Start Service: _____ Acct. No.: _____ Deposit Amt. $: _____

Receipt No.: _____ Date Deposit Paid: _____ Comments: _____

SUNSET WASTE: Spoke to - Faxed to - Emailed to: _____ Date: _____ Time: _____

TYPE OF CONTAINERS TO BE DELIVERED: ____ Gray ____ Blue ____ Green Waste ____ Complete Set ____Complete set is already at location

BIN: Size _____ No. of Pickups per week _____ Pickup Day(s) _____ Mo. Charge $ _____

PUBLIC WORKS: Water Turn ON_____ or OFF _____ Spoke to: _____ Date: _____ Time: _____

Notified by: Telephone _____ In Person _____ Written Notice _____ Voice Mail _____ or:_____ WTR is already on

Clerk Signature: _____ Date: _____

Notes:

Spanish version on the reverse side

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APLICACION DE UTILIDADES

Direccion de Casa: _____ Celular: _____ Telefono: _____ Fecha: _____

Nombre Del Solicitante o Negocio: _____

Direccion De Correo: _____

Marque la caja que aplica: Es usted- Dueno ____ Rentero ____ Compania de bienes raices ____ otra cosa: _____

Aplicacion Del Solicitante: Licensia. o I.D.: _____ Numero Seguro Social:_____

Fecha de Nacimiento: _____ Compania de trabajo: Nombre, Direccion y Telefono:_____
_____ Cuanto tiempo tiene empleado: _____

Nombre de Supervisor o Majordomo: _____ Nombre de un pariente o amigo: en caso de emergencia:

_____ Telefono: _____ Direccion: _____

Information De Esposa O Companiero(a): Nombre:_____ Fecha de Nacimiento: _____

Numero – Licensia o I.D.: _____ Numero Seguro Social: _____ Compania de Trabajo – Nombre, Direccion, y Telefono _____

Cuatno tiempo tiene empleado: _____ Nombre de Supervisor o Majordomo: _____

YO DECLARO BAJO PENA DE FALSO JURAMENTO QUE LA INFORMACION EN ESTA DECLARACION ES VERDADERA Y CORRECTA CON LO MEJOR DE MI CONOCIMIENTO

Firma del Solicitante: _____ Esposa o Companero: _____

NO ESCRIBA DEBAJO DE ESTE RECUADRO – USO DE OFICINA SOLAMENTE

OFFICE USE ONLY BELOW

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Receipt No.: _____ Date Deposit Paid: _____ Comments: _____

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Notes: