

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

WATER – SEWER – REFUSE CHANGES

Date: _____ Phone: _____ Cell: _____ ACCT NO.: _____
Name of Applicant or Business: _____
Service Location: _____
Billing Address: _____

DISCONTINUE SERVICE: MOVE OUT DATE: _____ DEPOSIT: yes ___ no ___

FORWARDING ADDRESS: _____

TRANSFER UTILITY DEPOSIT:

From: ACCOUNT NUMBER: _____ ADDRESS: _____

To: ACCOUNT NUMBER: _____ ADDRESS: _____

TEMPORARY STOP OF SERVICE (ONE MONTH MINIMUM) STOP SERVICE ON: _____

Water: Off ___ On ___ Sewer: Off ___ On ___ Refuse: Off ___ On ___

\$10 FEE WILL BE CHARGED TO TURN WATER BACK ON IF IT WAS TURNED OFF. WATER CAN ONLY BE TURNED ON MONDAY-FRIDAY 8AM-3PM. AFTER BUSINESS HOURS, WEEKENDS & HOLIDAYS IT WILL REQUIRE A STANDBY PERSON AND THE CALL OUT FEE WILL BE ASSED FOR THE AMOUNT OF \$75.

CHANGES OR CORRECTIONS: Please Check box one below:

Name Correction: ___ Mailing Address: ___ Phone Number: ___ Other: _____

From: _____

To: _____

FOR CITY USE ONLY

Refuse Company: Delivery Date of Containers: _____ Date/Time of Contact: _____

Emailed: ___ Phoned: ___ Spoke To: _____

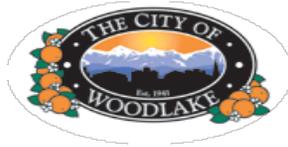
Public Works: Date / Time of Contact: _____ Emailed: ___ Phoned: ___ Spoke To: _____

DEPOSIT INFOR: DEP. SLIP #: _____ DEP. AMOUNT: _____ DATE OF DEP: _____

COMMENTS:

Customer Signature: _____ Date: _____

Clerk Signature: _____ Date: _____



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REFUSE CHANGES

Date: _____ Phone: _____ Cell: _____ ACCT NO.: _____
Name of Applicant or Business: _____
Service Location: _____
Billing Address: _____

_____REFUSE SERVICE CHANGE: DATE OF CHANGE: _____

From: _____ To: _____

_____ADD/REMOVE CONTAINERS: DATE OF CHANGE: _____

From: _____ To: _____

_____EXTRA SERVICE PICK UP: (\$13.00 extra per pick up) Date of Extra Pick Up: _____

Water: Off ____ On ____ Sewer: Off ____ On ____ Refuse: Off ____ On ____

_____LOCKED BIN REQUEST: Date of Change: _____

FOR CITY USE ONLY

Refuse Company: Delivery Date of Containers: _____ Date/Time of Contact: _____
Emailed: ____ Phoned: ____ Spoke To: _____

COMMENTS:

Customer Signature: _____ Date: _____

Clerk Signature: _____ Date: _____