

City of Stockton Utility Service Application

Service Address:

Primary Applicant Information

Name:

Tenant / Owner: Escrow Close Date: _____ / Other – Please Describe: _____

Mailing Address (if different):

City: _____ State: _____ Zip: _____

Social Security: _____ Driver's License: _____

Date of Birth: _____ Home/Cell Phone: _____ Work Phone: _____

Current Employer:

E-mail: _____ E-Notification: Yes / No

Previous Address: _____ Close: Yes / No Date: _____

1st Time Service with City of Stockton: Yes / No If no, where?

Co-applicant Information

Name:

Social Security: _____ Driver's License: _____

Date of Birth: _____ Home/Cell Phone: _____ Work Phone: _____

Current Employer:

Employer Address:

Previous Address:

1st Time Service with City of Stockton: Yes / No If no, where?

Service Address Information

1. Requested Start Date for All Services:

- Requests for service are processed on the next business day after your application has been received.
- Services cannot be started on any closed Friday, weekend, or holiday.

2. Requested Garbage Can Size: **Only select size of garbage can requested.** (All services include a 60 gallon recycle bin and 90 gallon yard waste bin.)

The following documentation is required and should be sent with this application before it can be processed:

- Copy of valid, government issued identification
- Tenants must include copy of a valid Lease or Rental Agreement signed by the property owner

A \$125.00 deposit per dwelling unit may be required based on the creditworthiness of the applicant before services can be turned on. The deposit is automatically credited to the account after 12 consecutive on-time payments or when the account is closed. If a credit balance remains after the final billing on a closed account, it will be refunded. The deposit will not earn interest.

Accounts are due and payable upon receipt of the statement and delinquent if not paid within 25 days of the bill date. Penalties will be applied to any past due balances. Accounts that remain unpaid more than 30 days after the bill date may be subject to disconnection.

You agree, for us to service your account or to collect any amounts you may owe, we may contact you by telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include using pre-recorded/artificial voice messages, and/or use of an automatic dialing device, as applicable.

Signature of applicant: _____

Date: _____

Fill out application completely. Once completed, print and sign the application and return to City of Stockton Utility Billing with all the required documentation. Incomplete applications will delay the start date of your services as they will not be processed. You may return the requested information in one of the following ways:

1. Scan and e-mail information to utilities@stocktonca.gov
2. Fax information to (209) 937-8051
3. Mail information to City of Stockton PO Box 1571 Stockton, CA 95201 (When requesting a service start date, please allow for adequate mailing time)

If you have any questions, please call Customer Service at (209) 937-8295 during regular business hours.

Date Received: _____ Effective Date: _____ Deposit Amount: _____ CSR: _____ Collector: _____

City of Stockton Utility Billing (For Office Use Only)