

## City of Plymouth

Finance Department

9426 Main Street · P. O. Box 426 · Plymouth · CA· 95669

Phone: 209-245-6941· Fax: 209-245-6953

## APPLICATION TO START WATER/SEWER SERVICES

Date:						
Servic	e Address:					
	g Address, if different:					
Home	/Cell Number:		Secondary Nu	umber:		
			Secondary Email:			
	nal Information: (State Id					
	ME/BUSINESS NAME	ID/DL#	State		BUSINESS NAME	
IVAIV	IL/ DOSINESS NAME	ID/DL#	State		DOSINESS NAME	
Prima	ry Applicant					
Co An	plicant					
СО-Ар	piicani					
Please	e <mark>check one</mark> and complete	requested informa	ation:			
	Owner Occupied			lose Date		
		(new p	ourchase: grant deed			
	Landlord/Property Mana	ger/Real Estate Age	ent Name of Proper	ty Owner		
			-	ment Date		
_		(property m	nanagement agreement			
	Renter/Lessee		Rental Agreement S			
				ord Name		
		(renta	Landlord Phone I or lease agreement			
Charg Water Sewer	City. Only checks or cash	shall be excepted f Wa he middle of the mon vs: feet rates are based on v	or deposits. ater Trust Deposit \$ _ ath and are due by the 1	<sup>st</sup> , delinque	ent after the 15 <sup>th</sup> of the following month.	
Signat	ture	Dat	e Signatu	re	Date	
delinq period have b Munic	uent if not paid within fifteen shall be charged. When the	(15) days from that owater service is discortal late penalty plus a tw	date. Upon delinquency, nnected for nonpaymen	a penalty t of any bil	th following the close of the billing period, and shall be of ten (10) percent of the balance due for that billing II, service shall not be resumed until all prior charges ction charge. 14.08.110 (amendments to the Plymout	
	osit Paid by: Ck #	Ca	sh/Money Order:			
	paid:		ceived by:			
Depo	osit amount applied to :	Account:	Returned:		Date:	