

TODAY'S DATE: _____

CITY OF CALIPATRIA

125 North Park Av.

Calipatria, CA, 92233

760-348-4141 (ofc) / 760-348-7035 (fax)

APPLICATION/ TRANSFER FOR SEWER AND TRASH SERVICES

Customer Name: _____

Owner's Name: _____

Physical Address: _____

Mailing Address: _____ City: _____ State: _____

Telephone Number: _____ Cell Number: _____

IDENTIFICATION:

Driver's License: _____ Expire: _____

Social Security: _____

Owner: _____ Renter: _____ Commercial: _____ Residential: _____

DATE MOVED IN: _____

DEPOSIT AMOUNT: _____ CASH/CHECK#: _____ DATE RECEIVED: _____ RECEIPT#: _____

DO NOT WRITE BELOW THIS LINE/ OFFICE USE ONLY

Account Number: _____

Month to start billing: _____

Date notified CR&R: _____

Date entered into system: _____

Date information and deposit entered into computer: _____

PROPERTY OWNER INFORMATION:

Mailing address: _____

Street/ P.O. Box City State Zip

Telephone/Cell # _____