



CITY OF COALINGA

The Sunny Side of the Valley

Application for Utility Services

Applicant Name: _____

Service Address: _____

City & State: _____ Zip: _____

Phone Number: _____ - _____ - _____

Mailing Address: _____

City & State: _____ Zip: _____

Please allow up to 48 hours for services to be turned on

On Date ___/___/___

Off Date ___/___/___

	Meter Number	Meter Reading	
		On	Off
Water			
Gas			

Gas

Water

Sewer

Garbage

Street Sweeping

Garbage Schedule

Mon	Tues	Wed	Thur	Fri

Employer: _____

Forwarding Address: _____

City & State: _____ Zip: _____

Other ID: _____

Social Security Number: _____

Drivers License Number: _____

Previous Address: _____

City & State _____ Zip: _____

Notes: _____

Account Guaranteed By:

Service Requested By:

Off Requested By:

Order Received By:

Off Received By:
