

CITY OF CORCORAN

Request for Service

Name _____

Service Address _____

Mailing Address _____

Phone # _____ Social Sec. # _____

Date of Birth _____ Drivers Lic. # _____

Service Start Date _____

Employer Name _____

Years Employed _____

Signature _____

CITY USE

Account No. _____

Starting Service _____

Date: _____

Deposit - Amount _____

Date Paid _____

Water _____

Sewer _____

Refuse _____

Strom Drain _____

Bond _____

Total _____

Current Billing _____

Water On

Account Opened