



# LIVE OAK CALIFORNIA

## APPLICATION FOR WATER AND SEWER SERVICE

<b>OFFICE USE ONLY</b>
DISCONNECT (CUT OUT) <input type="checkbox"/>
Account # _____
Initials _____

### DISCONNECT SERVICE

APPLICANT INFORMATION	
Last Name:	First Name:
Service Address:	
Forwarding Address:	
City:	
State:	Zip Code:
Phone Number:	Email Address:
Driver's License Number:	Social Security No.:

\*Please be advised if the water and sewer payment is not received by the due date, all unpaid bills will be subject to collections through all available means; including lien placed on the property.

\*If customer moves to another location within the City's service area, we will make every attempt to apply any past due charges or credit from the previous service account to the new service account.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Closing Date of Service: \_\_\_\_\_ (check one)  AM  PM

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**OFFICE USE ONLY:**     WATER IS ON     WATER IS OFF/METER LOCKED     SERVICE ORDER EMAILED

CONFIRMED SERVICE ORDER WAS COMPLETED BY: (check one)  PHONE CALL     EMAIL    INITIALS \_\_\_\_\_

ENDING METER READ: \_\_\_\_\_    SERVICE ORDER COMPLETED BY: \_\_\_\_\_