CITY OF PARLIER
FINANCE DEPARTMENT

1100 E. PARLIER AVE. PARLIER, CA 93648 - (559) 646-3545 • FAX: (559) 646-8221

APPLICATION

SEWER, WATER AND SOLID WASTE

ACCOUNT NUMBER: _____

APPLICANT'S INFORMATION

NAME: _____ PHONE #:_____
EMAIL: _____ ID/DL #: _____STATE: _____

RENTER'S NAME: _____ RENTER'S PHONE #: _____

SERVICE ADDRESS: _____
_____

MOVE IN DATE: ____/____/_____
DO YOU NEED TRASH CANS? ☐ YES ☐NO
☐ BROWN ☐ BLUE ☐ GREEN
IS THE WATER TURNED ON? ☐ YES ☐NO
BILL MAILING ADDRESS (IF DIFFERENT): ☐IN CARE OF ☐LANDLORD
_____
_____

In order to comply with guidelines, we request that you voluntary provide the following information to be used for research and evaluation purpose. MALE ☐ FEMALE ☐

ETHNICITY:
☐ HISPANIC/LATINO
☐NON HISPANIC/LATINO

RACE:
☐AMERICAN INDIAN/ALASKA NATIVE ☐ASIAN
☐BLACK/AFRICAN AMERICAN ☐WHITE
☐NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

APPLICANT'S AGREEMENT: The undersigned subscribed requests you to supply service at the premises noted hereon and promises to purchase the same in accordance with the schedule rate of the City of Parlier and abided by local ordinances, rules and regulations. The undersigned guarantees that the above premises are in condition to make the changes above requested, and waive any and all claims for damages which may from date hereof arise from turning on or off the water service at the above address, and agrees to hold the City of Parlier, its officers, agents, and employees harmless from any damages to any landowner, tenants, person , person or corporation which may arise from turning on or off the water service at said premises.

_____ ____/____/_____
APPLICANT'S SIGNATURE DATE

OFFICE USE ONLY

☐COPY OF ID ☐COPY OF HOMEOWNER DOC ☐DEPOSIT/CREDIT RECEIPT
☐CREDIT REPORT *(credit report with full history obtained within 30 days)* OR ☐$200 DEPOSIT
EMAILED TO MID VALLEY ON : ___/___/_____ EMAILED TO PW ON: ___/___/_____
METER #:_____ SERIAL #:_____ READING:_____
POSTED BY: _____