



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: _____

On Date ____/____/____

Off Date ____/____/____

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

Employer: _____

Previous Address: _____

City & State: _____ Zip: _____

ID/Driver's License #: _____

Social Security Number/EIN: _____

Other ID: _____

[DISCONNECT REQUESTS ONLY]

Forwarding Address: _____

City & State _____ Zip: _____

Notes: _____

Service Requested By (Signature/Date): _____

Disconnect Requested By (Signature/Date): _____

Office Use Only

Meter Number	Meter Reading	
	On	Off

W
G

Office Use Only

- Water
- Gas
- Sewer
- Garbage
- Street Sweeping

Garbage Schedule

Mon	Tues	Wed	Thur	Fri

Connect Order Received By: _____

Disconnect Request Received By: _____

