City of Colusa

APPLICATION FOR WATER/SEWER/GARBAGE SERVICE

425 WEBSTER STREET
P.O. BOX 1063

PHONE: (530) 458-4941 ext.104
FAX: (530) 458-7555

_____ _____
Number Street Apt. # Requested Start Date

Name: _____
(Please Type or Print) First Middle Last

Name as it should appear on the bill (if different than above):

_____

Mailing Address: _____ Attention:_____

_____

Social Security #: _____ Driver's License #: _____

Business Telephone: _____Home Telephone: _____

Employer: _____ Occupation: _____

Are you the owner of the property? Yes☐ No☐ **If No**, the Landlord's name/address/phone:

_____

Previous Address: _____
House No. Street Apt. City State Zip

How Long? _____ months Was the Water/Sewer/Garbage in your name? Yes☐ No ☐

If Yes, has the service been turned off? Yes ☐ No ☐ Date:____/____/____
MM DD YY

If No, do you want the service turned off? Yes☐ No ☐ Date:____/____/____
MM DD YY

Spouse/Roommate Name:_____ S S # _____

Nearest Relative_____
(NOT residing with you) Name Address Phone

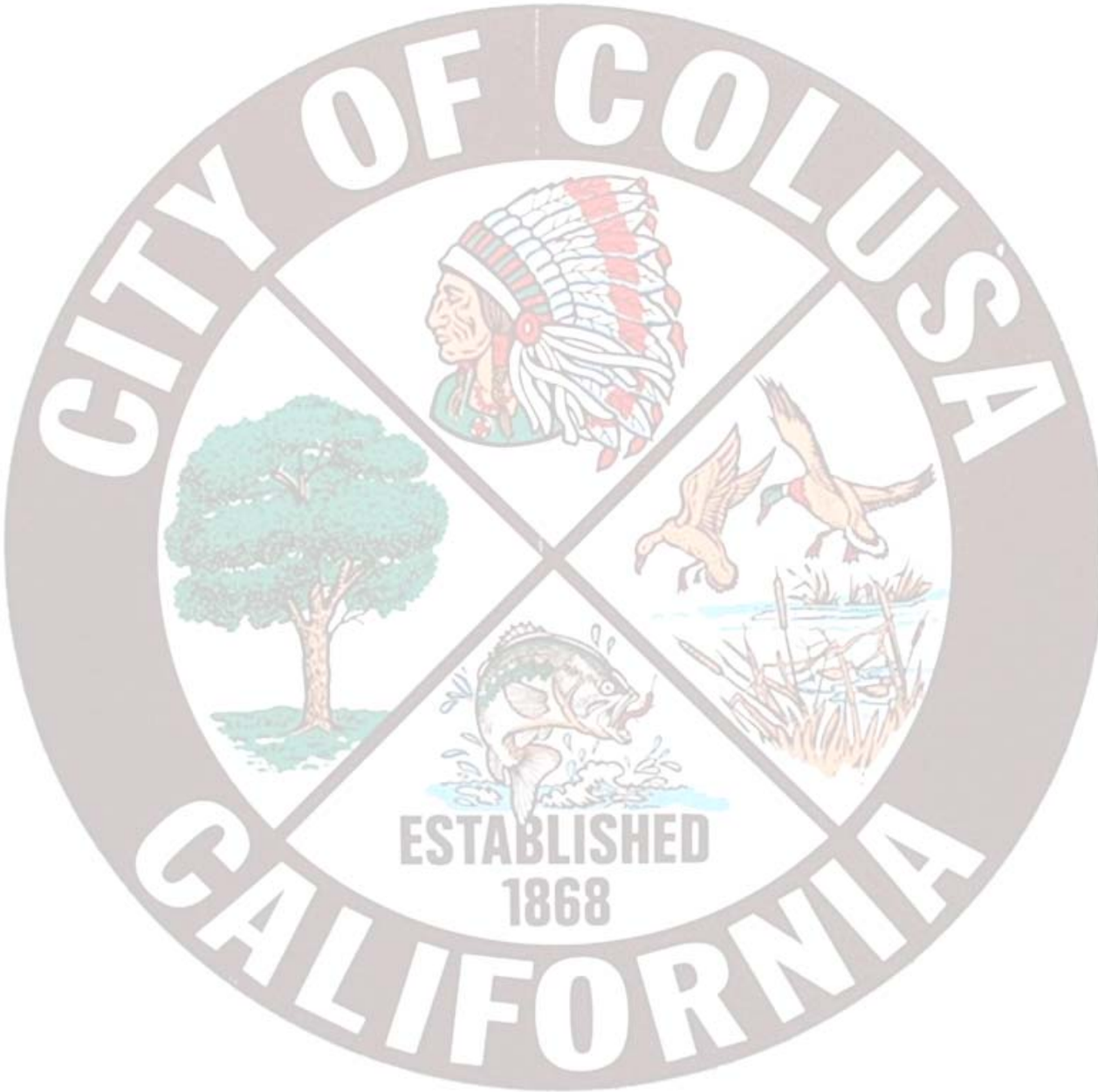
_____ _____
Applicant Signature Date

_____ _____
Landlord Signature Date

NOTE:

The City of Colusa provides a **combined service** of water, sewer and garbage within the City's corporate limits. **Services are not selective**. City utilities are billed monthly, **in advance**, and, once activated, *accounts will continue to be billed until a request to discontinue service is received* in the Finance Department.

The City of Colusa does not pro-rate utility bills. Accounts opened on or before the 15th day of the month will be billed for the entire month. Accounts closed on or after the 16th of the month will be responsible for the entire month's billing. As per Ordinance 436 Landlord is responsible for water/sewer/garbage charges to their properties even if user is not owner of property. A lien may be placed against property for unpaid charges.


CITY OF COLUSA
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