

Account #	Single Fam Res	2 Houses	Duplex	Triplex	Commercial	Other
Internal use only						



City of Wasco Utility Application

764 "E" Street – Wasco, CA 93280 / Phone # (661) 758-7230 / Fax# (661) 758-7239

Name of Applicant: _____

LAST

FIRST

MI

Service Address: _____ Wasco, CA 93280

Billing Address (If Different): _____

Phone Number (Home): _____ (Work): _____ (Other): _____

Drivers License #: _____ Social Security #: _____

(FOR BUSINESSES ONLY): Federal Tax ID #: _____

Employer: _____ Employer Phone #: _____

Employer Address : _____

Co- Applicant: _____

LAST

FIRST

MI

Phone Number (Home): _____ (Work): _____ (Other): _____

Drivers License #: _____ Social Security #: _____

Employer: _____ Employer Phone #: _____

Employer Address : _____

References:

Nearest Relative: _____ Phone Number: _____

Friend: _____ Phone Number: _____

LANDLORD INFORMATION ONLY IF RENTING

Landlord Name: _____

Landlord Address: _____

Landlord Phone Number: _____

I/ We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on the application. It is also understood that I am fully responsible for the payment of the utilities at the above address until such time as I vacate the residence and give notice to City of Wasco.

Signature: _____ Date: _____

Signature: _____ Date: _____