

**CITY OF DINUBA
WATER DEPARTMENT
SERVICE ORDER**

DATE _____

ACCOUNT #

LOCATION ADDRESS

NAME

PHONE #

MAILING ADDRESS

CITY, STATE, ZIP

S.S.N. #

D.L.

D.O.B.

EMPLOYER

EMPLOYER PHONE #

EMPLOYER ADDRESS

SPOUSE'S NAME

MESSAGE PHONE #

PERSON TO CONTACT

OWNER ()

RENTER ()

OWNERS NAME

WATER ON ()

OFF ()

MAILING ADDRESS CHANGE

UTILITY DEPOSIT PAID \$

NEW ACCOUNT FEE PAID \$

INITIAL

COMMENTS:

I, THE UNDERSIGNED, HEREBY CERTIFY THAT I AM AN APPLICANT OR AUTHORIZED TO SIGN FOR THE APPLICANT FOR THE ABOVE LISTED UTILITY SERVICE AND TO CONFORM TO AND ABIDE BY YOUR RULES AND REGULATIONS IN FORCE.

SIGNATURE OF APPLICANT _____ DATE _____

Save the file, then email the completed form AND A COPY OR PHOTO OF A VALID ID to: um@dinuba.ca.gov. Alternatively, you may print the completed form AND A COPY OF A VALID ID and deliver to: Dinuba City Hall. 405 E. El Monte Way. Dinuba, CA 93618