



City of Firebaugh
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WATER & SEWER NEW ACCOUNT APPLICATION

NAME _____ CUSTOMER # _____

DATE OF SERVICE TO START _____ ACCOUNT # _____

STREET ADDRESS _____ ROUTE/SERVICE # _____

MAILING ADDRESS _____

HOME PHONE NUMBER _____

PLACE OF EMPLOYMENT _____

ADDRESS OF EMPLOYER _____

DRIVER'S LICENSE NUMBER _____

SOCIAL SECURITY NUMBER _____

OWNER'S NAME (IF RENTING) _____

OWNER'S STREET ADDRESS _____

OWNER'S PHONE NUMBER _____

SIGNATURE

DATE



FOR OFFICIAL USE ONLY

WATER RATE _____

SEWER RATE _____

COMPLETED BY _____

DATE _____