



City of Jackson

33 Broadway Jackson, CA 95642 (209) 223-1646

Application for Water Service

Please Type or Print

Applicant Name:		email:	
Service Address:	City:	State:	Zip:
Billing Address:	City:	State:	Zip:
Phone #: Home: ()	Wk: ()	Assessors Parcel #:	
Date Service Requested:	Driver's License #:		
Previous Customer?	Address:		
Employer:	Address:	City:	State: Zip:
Property Owner:	Phone #:		
Address:	City:	State:	Zip:
Type of Service: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Irrigation <input type="checkbox"/> Multi- Dwelling			
Is there a well on the property? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, answer line 13)</i>			
If YES, cross connection control device required: a. Make of Device: _____ b. Model Number: _____ c. Date Last Tested: _____			
A deposit is required for new customers. The deposit will either be held for one year and credited to customers account or applied to closing bill. Deposit Required? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES , Date received _____ Amount: \$ _____			
I understand that my signature below acknowledges my responsibility for payments and charges applicable to the above service in accordance with the Regulations of the City of Jackson. Signature: _____ Date: _____			

FOR OFFICIAL USE ONLY

Additional Information:	Account # _____ Meter # _____
	Merged Account? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO , Sewer Account # _____
	Was property previously served water? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES , under what name? _____
	When? _____