



City of Kerman

Application for Utility Services

City of Kerman
850 S. Madera Ave
Kerman, CA 93630
(559) 846-9384
(559) 846-6199-Fax

New _____ Change _____ Rent _____ Own _____

Service Start Date _____

Customer Name (1) _____ SSN (1) _____

Customer Name (2) _____ SSN (2) _____

Drivers License Number (1) _____ Drivers License Number (2) _____

Date of Birth (1) _____ Date of Birth (2) _____

Business Name _____

Service Address _____

Mailing Address _____ City/St/Zip _____

Telephone Number _____ Cell Phone Number _____

Email _____

Emergency Contact _____ Phone Number _____

Employer Name (1) _____ Emp. Number (1) _____

Employer Name (2) _____ Emp. Number (2) _____

Property Owners Name _____

Address: _____

City/St/Zip _____ Phone Number _____

*****For New Construction Only***** (Please Initial)

_____ I understand that the billing will begin on the date that the residence passes final inspection and it will be my responsibility to pay the invoice. The initial billed amount will be pro-rated for any days remaining in the current billing cycle.

Signature (1) _____ Signature (2) _____

CITY OF KERMAN OFFICE USE ONLY:

Account # _____ Received By: _____

Deposit Amount	Date Paid	Receipt No.	Entered
Sewer Fixed Code	Sewer Flow Code	Water Code	Meter Size
	Storm Drain Code	St. Sweeping	
Solid Waste Code	Tract No.	Lot Number	APN Number
G.W. _____	Recycle _____	Trash Ordered _____	Has Bins <input type="checkbox"/>
			Water On <input type="checkbox"/>