



CITY OF VICTORIA

APPLICATION FOR UTILITY SERVICES

WATER ☆ SEWER ☆ SOLID WASTE

NAME _____ TELEPHONE _____

SERVICE ADDRESS _____

MAILING ADDRESS _____ Commercial _____ Residential _____

PREVIOUS VICTORIA ADDRESS _____

PLACE OF EMPLOYMENT _____

SPOUSE NAME _____

PLACE OF EMPLOYMENT _____

NAME OF PROPERTY OWNER _____ TELEPHONE _____

If you wish to draft your account through your banking institution, furnish the following:

Name of bank _____ Bank Route Number _____

Account number _____

If you wish to keep your personal information (address, phone number and social security number) confidential, please check the appropriate box. Yes No

If you are a newcomer to the community, please note that this request would prevent businesses from contacting you to provide you with special offers, products or services. However, this would require the city to release your name, address, and phone number to others upon request.

The applicant acknowledges that he/she is liable for payment of services.

SIGNATURE _____ DATE _____

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FOR OFFICE USE ONLY

Identification _____

Driver's License # _____ State _____

Social Security # _____ Date of Birth _____