



**CITY OF MENDOTA**  
 643 Quince Street, Mendota, CA 93640  
 (559) 655-4298 Fax (559) 655-4064  
**SERVICE ORDER**

Account Number: \_\_\_\_\_

Date of Deposit: \_\_\_\_\_

Date On: \_\_\_\_\_

Date Off: \_\_\_\_\_

Deposit Amount: \$150.00 Paid

Route/Service No.: \_\_\_\_\_

Not Paid

Name: \_\_\_\_\_

Account: \_\_\_\_\_ Transfer

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tenant  
 \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

California ID. No.: \_\_\_\_\_

Husband/Wife: \_\_\_\_\_

Name and Address of Employer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Nearest Relative: \_\_\_\_\_

Address of above relative: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No. of above: \_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

Flat Rate: \$ \_\_\_\_\_

Water (meter size rate) \_\_\_\_\_

Over: \_\_\_\_\_ gallons \$ \_\_\_\_\_ per 100 gallons

Garbage (per month) \_\_\_\_\_

Commercial \_\_\_\_\_

Sewer (per month) \_\_\_\_\_

Other: \_\_\_\_\_

Pursuant to Mendota Municipal Code Section 13.04.020, I \_\_\_\_\_ certify I am the owner/responsible party of the above premises for utility service. I request and consent to the service and agree I am responsible for all bills for said utility service, including the final closing bill. The monthly statement will be mailed to me in care of the renter at \_\_\_\_\_ address.

\_\_\_\_\_  
**Signature of Renter**

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**City Staff's Signature**

\_\_\_\_\_  
**Owner's Mailing Address/Telephone No.**