



CITY OF IMPERIAL APPLICATION FOR SERVICE

FINANCE DEPARTMENT
420 S. IMPERIAL AVENUE
IMPERIAL, CA 92251
PHONE (760)355-1247
FAX (760)355-4718

ACCOUNT NO.: _____
ORDER DATE: _____
SERVICE DATE: _____
DEPOSIT: _____
CUSTOMER CLASS: _____

RESIDENTIAL/COMMERCIAL/ESCROW NO.: _____ OR BUSINESS LICENSE NO.: _____
ACCOUNT TYPE: OWNER/TENANT/REALTOR/PROPERTY MANAGER

NAME: _____

SOCIAL SECURITY: _____ ID#: _____ TYPE: _____

LOCATION OF SERVICE: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

I hereby agree to pay for all charges for city services to the above premises, as established by ordinance and resolutions adopted from time to time by the City of Imperial.

DATE: _____ APPLICANT SIGNATURE: _____

OWNERS/REALTOR/PROPERTY MANAGER

I hereby authorize the above-named tenant to receive city services on the above property, and guarantee the payment of all charges, under the provisions of ordinance and resolutions of the City of Imperial, as adopted or amended from time to time.

OWNER NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

DATE: _____ OWNER SIGNATURE: _____

REQUIREMENTS: *MINIMUM DEPOSIT OF \$200.00 (TENANTS, OWNERS & REALTORS
*LEASE AGREEMENT OR ESCROW DOCUMENTS

EMAIL: SREDFERN@CITYOFIMPERIAL.ORG