

(559) 661-5454  
(559) 675-7067 Fax

City of Madera – Municipal Services  
205 West 4<sup>th</sup> Street  
Madera, CA 93637

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

I AGREE TO PAY ALL FEES AND CHARGES FOR SAID MONTHLY SERVICES AND TO COMPLY WITH ALL RULES AND REGULATIONS OF THE CITY OF MADERA PERTAINING TO SUCH SERVICES.

**I UNDERSTAND AND AGREE THAT I SHALL CONTINUE TO BE LIABLE FOR ALL MONTHLY CHARGES UNTIL AFTER THE MADERA CITY FINANCE DEPARTMENT HAS RECEIVED FROM ME A WRITTEN NOTICE TO DISCONTINUE SUCH SERVICES AND ALL SAID SERVICES HAVE BEEN PAID IN FULL.** I ALSO UNDERSTAND THAT ONLY THOSE INDIVIDUALS WHO HAVE SIGNED ON AS ACCOUNT HOLDERS AND CO-GUARNTORS CAN INQUIRE AS TO THE STATUS OF THIS ACCOUNT.

DELINQUENT POLICY: IF YOUR BILL BECOMES 30 DAYS PAST DUE A LATE PENALTY WILL BE ASSESSED AFTER THE 5<sup>TH</sup> OF THE FOLLOWING MONTH AND SERVICE MAY BE SUBJECT TO SHUT OFF. IF YOUR WATER IS SHUT OFF THERE IS A REINSTATEMENT FEE. ADDITIONAL PENALTIES MAY APPLY TO AMOUNTS 60 DAYS OR MORE PAST DUE, INADDITION TO THE BASIC PENALTY. FOR ADDITIONAL INFORMATION RELATING TO UTILITY SERVICE PLEASE REQUEST A COPY OF THE POLICY FOR YOUR REVIEW.

FINANCE USE ONLY: RENTER OCCUPIED                      OWNER OCCUPIED                      VACANT PROPERTY

**TO BE FILLED IN BY CUSTOMER**

**Finance Dept Use:**

CUSTOMER NAME (1) \_\_\_\_\_ ACCT. NO. \_\_\_\_\_

CUSTOMER NAME (2) \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PREVIOUS CITY OF MADERA SERVICE ADDRESS: \_\_\_\_\_

BUSINESS OR EMPLOYER NAME, ADDRESS, PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMPLOYER PHONE (1) \_\_\_\_\_ EMPLOYER PHONE (2) \_\_\_\_\_

DRIVERS LIC. NO (1) \_\_\_\_\_ DRIVERS LIC NO (2) \_\_\_\_\_

SOCIAL SECURITY NUMBER (1) \_\_\_\_\_ SOCIAL SECURITY NUBMER (2) \_\_\_\_\_  
(Voluntary) (Voluntary)

PROPERTY OWNER'S NAME, ADDRESS AND PHONE \_\_\_\_\_

FAPPLICANT'S SIGNATURE (1) \_\_\_\_\_ APPLICANT'S SIGNATURE (2) \_\_\_\_\_

**FOR FINANCE USE ONLY:**

EMPLOYEE NAME: \_\_\_\_\_ **DISPOSAL PICK UP:**      MON      TUES      WED      THURS      FRI

INFORMATION: EFFECTIVE DATE \_\_\_\_\_ LOT SIZE \_\_\_\_\_ FRONTAGE \_\_\_\_\_ BIN SERVICE \_\_\_\_\_

MONTHLY CHARGES	ADJUSTMENT	CURRENT CHARGES	
WATER \$ _____	\$ _____	\$ _____	TOTAL MONTHLY CHARGES
SEWER \$ _____	\$ _____	\$ _____	NEW ACCOUNT FEE
DISPL \$ _____	\$ _____	\$ _____	DEPOSIT REQUIRED
DRAIN \$ _____	\$ _____	\$ _____	TRASH CAN FEE
ST. CLN \$ _____	\$ _____	\$ _____	WATER OFF / FINES
TOTAL \$ _____	\$ _____	\$ _____	TOTAL AMT DUE

THIRD PARTY NOTIFICATION: FOR RESIDENTIAL CUSTOMERS 60 YEARS OF AGE OR OLDER, OR WHO ARE DEPENDANT ADULTS			
Name: _____	Phone No: _____	Relation: _____	Address: _____
Signature: _____	Date: _____		

