

Finance Department

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APPLICATION ADD OR REMOVE A NAME FROM THE WATER, SEWER & GARBAGE SERVICES ACCOUNT

Date:		Accoun	t Number:			
Service Address: _						
Mailing Address, i	f differ	rent:				
Phone Number:	er:Secondary/Work Phone Number:					
I wish to 🗌 A	DD a	name to my account	t .			
account information. to reestablish a nev Identification or Dri	ndersta This in w depo ver's L	nd that by adding a name to t includes any refunds or credits sit if the person being ad	s on the account. If a ded to this account s of the Social Security	deposit does not exis has not established	tity as well as giving access to t I understand that I will need credit with the City. State d. If applying by mail, e-mail	
First Name	M.L	Last Name	Last 4 of Soc. Sec.	State ID/DL	Signature	
have not established of the City when service and charges until I had continue to accumulate	eredit wees at the ave file te on the four di	with the City a \$100 deposit me he above listed service addressed an application to stop service account until such notice has a significant of the Social Security notice.	nust be placed on the access need to be cancelled vices. If a stop services been received and access the services been received and access the services been received and access the services are services.	ecount. I understand it is d. I will remain respect form is not received the cepted by the City. St.	account. I understand that if I t is my responsibility to notify onsible for all utility services d by the City all charges will ate Identification or Driver's mail or fax you must include	
First Name	M.I.	Last Name	Last 4 of Soc. Sec.	State ID/DL	Signature	
I wish to 🔲 R	EM(OVE a name from m	y account			
By removing a name account. I understand will remain responsib received by the City City. Driver's Licens	from malities it is malle for all character and to the second to the sec	ny account I understand that I by responsibility to notify the C ll utility services and charges urges will continue to accumul	am now solely responsitive when services at the antil I have filed an appate on the account untilial Security number as	e above listed service a lication to stop service I such notice has been	past, present, or future on this address need to be cancelled. I s. If a stop service form is not a received and accepted by the ng by mail, e-mail or fax you	
First Name	M.I.	Last Name	Last 4 of Soc. Sec.	State ID/DL	Signature	

Name to be removed from Account:

By signing below I understand that I am no longer responsible for this account and that I may no longer receive any information regarding this account. I also understand that any deposits or credits that exist on the account will be returned to the person remaining on the account. State Identification or Driver's License and the last four digits of the Social Security number are required. If applying by mail, e-mail or fax you must include a copy of your State ID or Driver's License.

Signature