

CITY OF SANTA ROSA
UTILITIES DEPARTMENT
DEPOSIT CARD

I hereby make an application to the City of Santa Rosa for Water, Sewer & Solid Waste service to the said Property. It is understood that in the event the account becomes delinquent, the City of Santa Rosa can discontinue services without notice. Ordinance in effect **353, 435 & 395.**

Date: _____ Deposit received: _____

Service Start Date: _____ Special Requests: _____

Applicant Name (Print) _____ DL #: _____ State: _____

Address of Service: _____

Mailing Address: _____ Same as Above:

Contact Phone # : _____ Applicant Signature: _____

Utility Clerk: _____ Account #: _____

Residential

Commercial

Approved

Disapproved

Department Supervisor Signature _____