

**CITY OF OAKLAND
WATER DEPT. SERVICE APPLICATION**

NAME: _____ DATE: _____

SERVICE ADDRESS: _____

MAILING ADDRESS _____

PHONE NUMBER _____

ARE YOU RENTING _____ OR BUYING _____

LANDLORD _____

I DO HEREBY STATE THAT ALL ABOVE INFORMATION IS TRUE AND CORRECT.

(SIGNATURE) _____

OFFICE USE:

DEPOSIT RECVD: _____ DATE RECVD: _____

DATA ENTERED: _____

LAST READ _____ DATE _____ NEW READ _____

REASON FOR SERVICE CALL _____

CLOSING ACCOUNTS:

FINAL BILLING _____ DATE BILLED _____

DEPOSIT APPLIED _____ DATE APPLIED _____

DEPOSIT REFUNDED _____ DATE REFUNDED _____

MAILING ADDRESS: _____