



City of Port Hueneme

NEW SERVICE APPLICATION

Service Start Date _____

FOR OFFICE USE ONLY

Cust Id _____ Rte/Svc _____

Deposit \$ _____ Cash Receipt# _____

Name _____

M / S	S.	R.	L.	T.	Svc.
-------	----	----	----	----	------

Driver's Lic. # _____ Birth Date _____ Social Sec # _____ - _____ - _____

Service Address _____ Port Hueneme, CA 93041

Home Phone # _____ Work/Cell Phone # _____

Billing Address (if different from above) _____

Applicant agrees that the service will be accepted in accordance with rates, rules and regulations now or hereafter in effect and on file with the City Clerk of the City of Port Hueneme

Signature _____

Date _____

PLEASE MAIL OR BRING THIS APPLICATION WITH YOUR DEPOSIT TO:

**CITY OF PORT HUENEME
UTILITY BILLING
250 N VENTURA ROAD
PORT HUENEME, CA 93041**

IF YOU HAVE ANY QUESTIONS PLEASE CALL UTILITY BILLING AT (805) 986-6521.