

# City of Hanford – Utility Service Application (Landlord Only)

Responsible Party			
Customer Name:			
New Service Address			
Service Address:			
***** 24 HOUR NOTICE REQUIRED *****			
Start Date:	(Monday-Friday only)		
Billing Address:			
City, State, Zip:		DOB:	
Telephone:		California ID or Military ID:	
Cell Phone:		Social Security # or Tax ID:	

The undersigned subscriber requests the City of Hanford supply utilities at the premises noted hereon and promises to purchase the utilities and pay the City in accordance with the City's schedule of rates which may be subject to change in compliance with the City Ordinance in effect at the time. The subscriber also promises to conform with and abide by the City rules and regulations in force regarding such premises. The City will not be responsible for any false or incorrect information given by applicant.

Signature:	X	Print Name:
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**\*Form is not valid and will not be processed unless all fields are completed.**

Are Trash Cans On Site? ☐ NO ☐ YES

If NO, please fill out the Refuse Request form for cans/dumpsters to be delivered

Is Water Off? ☐ NO ☐ YES

If the water is OFF, we require someone to meet our field crew at the service address for turn-on (NO exceptions). Please CIRCLE a time and enter date only if the water is OFF. Missed appointments will be rescheduled and result in a \$50.00 fee being charged to your account.

**10: 30-11:45 or 3:30-4:45**

Enter Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mon-Fri only)

CONTINUOUS SERVICE REQUEST FOR OWNER/AGENT			
I am requesting Continuous Service. This address is to be put into my name upon vacancy. It is my understanding that the City of Hanford reserves the right to shut off this service for non-payment and that it is my responsibility to provide the City with a discontinuation date upon new tenancy, sale of said property or change of mailing address. The City will not be responsible for failure to provide this information or for any false or incorrect information provided by applicant.			
SIGNATURE OF OWNER/AGENT		DATE	
If you are managing agent for the owner, please provide owner's name:			

FOR OFFICE USE ONLY			
ACCOUNT NO:			
RECEIVED IN OFFICE	COMPLETED		
Date:		Date:	
Time:		Time:	
Employee:		Employee:	

**CITY OF HANFORD**  
**UTILITY BILLING**  
**315 N DOUTY ST, HANFORD CA 93230**  
**TEL: 559-585-2510**  
**FAX: 559-582-1152**  
**EMAIL: utilitybilling@hanfordca.gov**  
**www.cityofhanfordca.com**