



City of Isleton

-101 Second Street P.O. Box 716 Isleton, Sacramento Co., California 95641
Tel: 916-777-7770 Fax: 916-777-7775 Email: yvonne.zepeda@cityofisleton.com

SEWER APPLICATION FORM

NEW ACCOUNT BILLING ADDRESS BILLING ADJUSTMENT FINALBILL

Customer Name and Property Address:			
Name:		P.O Box	
Address:		Driver's License:	
City/State:		Telephone#:	

OWN RENT **Date Escrow Close:** _____ **Date Moving Dated:** _____

Billing Name and Address (if different from above):		
Name:		
Billing Address:		
City:	State:	Zip:
Telephone#:		

Landlord Name and Address (if different from above):		
Landlord Name:		
Address:		
City:	State:	Zip:
Telephone:		

OLD OWNER'S NAME AND ADDRESS:

All sewer charges shall be billed monthly and be due and payable upon receipt. Sewer Ordinance No. 356. If sewer bills are received after the 5th of every month a DEL/FC will be added. Sewer customers are responsible for charges, even if they do not receive sewer bills.

Customer Signature: _____ **Date:** _____

Office Use Only

Date Entered: _____ Initial: _____ Account#: _____