



## Finance Department

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### APPLICATION ADD OR REMOVE A NAME FROM THE WATER, SEWER & GARBAGE SERVICES ACCOUNT

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary/Work Phone Number: \_\_\_\_\_

I wish to  **ADD a name to my account.**

#### Name currently on Account:

By signing below I understand that by adding a name to this account I am sharing financial responsibility as well as giving access to account information. This includes any refunds or credits on the account. If a deposit does not exist I understand that I will need to reestablish a new deposit if the person being added to this account has not established credit with the City. **State Identification or Driver's License and full Social Security number are required. If applying by mail, e-mail or fax you must include a copy of your State ID or Driver's License.**

First Name	ML	Last Name	Social Security No.	State ID/DL	Signature

#### Name to be added to Account:

By signing below I understand that I am now responsible for any charges past, present, or future on this account. I understand that if I have not established credit with the City a \$100 deposit must be placed on the account. I understand it is my responsibility to notify the City when services at the above listed service address need to be cancelled. I will remain responsible for all utility services and charges until I have filed an application to stop services. If a stop service form is not received by the City all charges will continue to accumulate on the account until such notice has been received and accepted by the City. **State Identification or Driver's License and full Social Security number are required. If applying by mail, e-mail or fax you must include a copy of your State ID or Driver's License.**

First Name	ML	Last Name	Social Security No.	State ID/DL	Signature

I wish to  **REMOVE a name from my account**

By removing a name from my account I understand that I am now solely responsible for any charges past, present, or future on this account. I understand it is my responsibility to notify the City when services at the above listed service address need to be cancelled. I will remain responsible for all utility services and charges until I have filed an application to stop services. If a stop service form is not received by the City all charges will continue to accumulate on the account until such notice has been received and accepted by the City. **Driver's License and the last four of the Social Security number are required. If applying by mail, e-mail or fax you must include a copy of your State ID or Driver's License.**

First Name	ML	Last Name	Social Security No.	State ID/DL	Signature

#### Name to be removed from Account:

By signing below I understand that I am no longer responsible for this account and that I may no longer receive any information regarding this account. I also understand that any deposits or credits that exist on the account will be returned to the person remaining on the account. **State Identification or Driver's License and the last four of the Social Security number are required. If applying by mail, e-mail or fax you must include a copy of your State ID or Driver's License.**

First Name	ML	Last Name	Social Security No.	State ID/DL	Signature