ORDER TO BEGIN SERVICE
CITY OF CHINO—FINANCE/UTILITY BILLING

ACCT. NO.	START DATE
SERVICE ADDS	
ACCT NAME	
MAIL ADDS	
PHONE	CELL PHONE

ACCOUNT HOLDER INFORMATION

PRIMARY - NAME	SPOUSE - NAME
SOCIAL SEC #	SOCIAL SEC #
DRIVER'S LIC NO	DRIVER'S LIC NO
EMPLOYER	EMPLOYER
WORK ADDRESS	WORK ADDRESS
WORK PHONE	WORK PHONE

BUSINESS ACCOUNT

FEDERAL ID#	CORPORATE NAME, IF DIFFERENT

Class	Rate Code	Rent/Own	Fire Prot Size	Acreage	In/Out of City
# of DU	Rte & Seq	Cycle Group	Trash Rate	Trash Svc Level	St Sweeping?
Meter Number		ECR Number		MXU/MIU Number	
Inst Date	Zone	Meter Size	Opening Read	WM Contacted	
DEPOSIT AMT		COMMENTS			

I agree to pay the rates for service established by the City of Chino at the above address until I notify the City to terminate my responsibility.

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AUTHORIZED BY (SIGNATURE) Printed Name Date