

WATER AND SEWER SERVICE APPLICATION

CITY OF BLUE LAKE, P.O. BOX 458, BLUE LAKE, CA 95525
Phone (707) 668-5655 Fax (707) 668-5916 cityclerk@bluelake.ca.gov
https://bluelake.ca.gov/

Account #:			
To be assigned by City			
Service Date:			
First and Last Name:		DL #:	and the same of th
Additional Name:		DL#:	
Service Address:			
Mailing Address:			X
Phone:	Alt. Phone:		
Applicant Email @:		EDECESSOR	·
Employer:	Work Phone:		
Property Owner:			
Is this a Rental Property:	Yes No - If Yes, co	omplete a business License A	Application Form
Will a dog(s) reside at this pro	pperty: Yes No	- If Yes, complete a Dog Lic	ense Application Form
Do you intend to conduct a b	usiness at this property:	Yes No - If Yes, o	omplete a Business
License Application Form and	or a Home Occupation	Application Form	
I agree to comply with all ord	inances and regulations	pertaining to Water/Sewer's	ervices and use of the
City of Blue Lake. I guarantee			
notification is given to the Cit			,
I understand a late penalty w	ill be assessed on past du	ue payments.	
SIGNATURE OF APPLICANT:		DATE:	
	Office Us	se Only	
Deposit Amt:	Date Pd:	Check#/Cash:	Initial:
Admin. Fee:	Date Pd:	Check#/Cash:	Initial: