



## APPLICATION FOR SERVICE

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

### CUSTOMER INFORMATION

#### Primary Account Holder Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

SSN/Tax ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### Additional Account Holder Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### Office Use Only

Service Map Loc: \_\_\_\_\_ Account #: \_\_\_\_\_

Required Deposit: \_\_\_\_\_ Meter/Notes: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Please e-mail completed form to [info@trinitypud.com](mailto:info@trinitypud.com) and  
call our office at 530-623-5536 to set up new service