



# CITIZEN REQUEST FORM

## Application for Additional Water Allocation

Customer Name

Email Address

Street Address

City, State, Zip

Phone Number

Reason for additional allocation:

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Please enter names of all occupants currently living at the home:

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**Account Information Required**

Service Address (As it appears on your Utility bill)

City of Vacaville Utility Billing Account Number

**Declaration**

I, the above-named customer, declare, under penalty of perjury, that I am the account holder for the above account, and that the above information is true and correct. I understand that the above information is subject to verification by City personnel and I may be asked to verify the above information through official records and/or documents including, but not limited to, medical, business, or personal identification records. I understand that I am responsible for notifying the City of Vacaville Utilities Department at (707) 469-6400 within 10 days of any changes in my account status. I understand that false information will result in Excess Use Penalties for any water used over the standard allotment, and could result in discontinuation of water service and/or full prosecution as allowed under the laws of the State of California.

Signature of Applicant

**Please mail form to:** City of Vacaville Water Allocation, P.O. Box 220, Elmira, CA 95625