

MUNICIPAL UTILITIES DEPARTMENT 2500 NAVY DRIVE - STOCKTON, CA 95206

WaterFacts@stocktonca.gov

UTILITY BILLING REVIEW REQUEST FORM

Customers shall be contacted within twenty-one days of claim submittal.

CUSTOMER INFORMA	ATION		DATE:	
OWNERS NAME:	TENANT NAME:			
CUSTOMER ID:	LOCATION ID:			
AFFECTED ADDRESS: _				_
PREFERRED CONTACT PHONE:		MAII ·		
UTILITY BILLING TYPE: PROPERTY TYPE:		WAT	ER	STORMWATER
	SINGLE DUPLEX COMMERCIAL	TRIPLEX	APARTMENT	OTHER
	INDUSTRIAL	PERM	ITTED INDUSTRIA	L
REASON FOR REQUIREMENT (DESCRIBE REASON FOR REQUEST)	EST , BE SPECIFIC, AND PROVIDE DETAILS. INCLUDE A	A COPY OF RECENT BIL	L IF POSSIBLE.)	