



990 Palm Street  
San Luis Obispo, CA 93401  
805-781-7133

### LOW INCOME UTILITY ASSISTANCE PROGRAM

Residential Utility Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Proof of Eligibility (Attach): \_\_\_\_\_

Date Sent to Water Conservation: \_\_\_\_\_ By: \_\_\_\_\_

Processed Date: \_\_\_\_\_ By: \_\_\_\_\_

<b>CITY USE ONLY</b>		
Water Use Survey Completion Date:	_____	
Recommendations:	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
Installation Date:	_____	
Inspection Date:	_____	
Approved By:	Title:	Date:



The City of San Luis Obispo is committed to include the disabled in all of its services, programs and activities. Telecommunications Device for the Deaf 805-781-7410.