THE CITY OF SAN FERNANDO

UTILITY BILL EXTENSION – SECOND REQUEST

CLEAR FORM

RESIDENT INFORMATION

NAME	TELEPHONE NO.
ADDRESS	ACCOUNT NO.

EXTENSION INFORMATION

EXTENSION NO. 1 DATE

PLEASE WRITE THE REASON YOU NEED A SECOND EXTENSION
POR FAVOR ESCRIBA LA RAZON POR LA NECESIDAD DE LA SEGUNDA EXTENSION

SIGNATURE	NAME (PRINT)	DATE

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

PROCESSED BY	DATE
AUTHORIZED BY	DATE