

YSPUC Customer Information Form

OWNER

TENANT **

(If Tenant, please provide Owner/Property Management information below)

Account #:	_		
First Name:	Last Name	:	
Lot Number:			
SERVICE ADDRESS			
Street Address: Street Address line 2:			
City:	State:	Zip Code:	
Oity		21p 00de.	
MAILING ADDRESS	(IF DIFFERENT FROM SERV	(ICE ADDRESS)	
Mailing Address:			
Mailing Address line 2:			
City:	State:	Zip Code:	
Billing Only	OPTION (CHOOSE ONE): Billing & Communica	tion	
Billing Only E-mail: E-mail 2: PHONE NUMBER	Billing & Communica		
Billing Only E-mail: E-mail 2: PHONE NUMBER Home Phone:	Billing & Communica	none:	
Billing Only E-mail: E-mail 2: PHONE NUMBER Home Phone:	Billing & Communica	none:	
Billing Only E-mail: E-mail 2: PHONE NUMBER Home Phone:	Billing & Communica	none:	
Billing Only E-mail: E-mail 2: PHONE NUMBER Home Phone: ** Ov	Billing & Communica Cell Ph wner/Property Managemer	none:	
Billing Only	Billing & Communica Cell Ph wner/Property Managemer	none:	
Billing Only	Billing & Communica Cell Ph wner/Property Managemer Last Name:	none:	
Billing Only E-mail: E-mail 2: PHONE NUMBER Home Phone: ** Ov First Name: Company Name: Mailing Address: Mailing Address line 2: City:	Billing & Communica Cell Ph wner/Property Managemer	none:	
Billing Only E-mail: E-mail 2: PHONE NUMBER Home Phone: ** Ov First Name: Company Name: Mailing Address: Mailing Address line 2: City: Phone Number:	Billing & Communica Cell Ph Nner/Property Managemer Last Name:	none:	

PLF Yos 30950 Corral Drive, Suite B Coarsegold, CA 93614

or at the YLP Clubhouse