

APPLICATION FOR UTILITY SERVICE

Name_____ SS#_____

ALL OTHER ADULTS (ANYONE OVER 18) LIVING AT THIS RESIDENCE:

Name_____ SS#_____

Name_____ SS#_____

Name_____ SS#_____

Service Address_____Billing Address_____

Home Phone_____Cell Phone_____

Employer_____Phone_____

I hereby apply for utility services for the service address listed above. I agree to pay all bills rendered by the utility for service received from the date of connection to the date service is discontinued. I further agree to give notice to the utility of my intent to discontinue service.

Signed_____ Date_____

I wish to designate the following person or agency to receive a copy of any notice of disconnection of service that might result from my non-payment of a bill:

Name_____Address_____Phone_____

.....
(For Utility Use)

Approved by_____ Date_____

Deposit: Water_____ Gas_____ TOTAL_____Date_____Receipt #_____