

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 # _____