

Application for Service



ACCOUNT #: _____

DATE SERVICE REQUESTED: _____

SERVICE ADDRESS: _____

OWNERSHIP STATUS: OWN -- OR -- RENT IF RENTING, OWNER'S NAME: _____

____ NEW CUSTOMER _____ SETUP AUTO PAY _____ EMAIL BILLING

____ CURRENT RESIDENT _____ TRANSFER AUTO PAY

PRIMARY APPLICANT

(RESPONSIBLE FOR ALL DECISIONS REGARDING ACCOUNT)

FIRST NAME _____ LAST NAME: _____

BUSINESS NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ DL ISSUING STATE: _____

EMPLOYER: _____

SECONDARY APPLICANT

(SPOUSE, WHO IS ALSO RESPONSIBLE FOR THIS ACCOUNT)

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

ROOMMATES (18 YEARS & OVER)

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

EMERGENCY CONTACT

NAME: _____ PHONE NUMBER: _____

FOR OFFICE USE ONLY

SERVICES: ELECTRIC WATER GARBAGE SEWER

DEPOSIT: ELECTRIC \$100.00 _____ WATER \$50.00 _____ DATE PAID: _____

NEW BUILD: _____ GARBAGE TOTE SIZE: _____ RECYCLE TOTE SIZE: _____

REQUEST TAKEN BY: _____ DATE: _____