



ACCOUNT #

Application for Utility Services

Company/Business Name: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Last 4 digits of SSN# _____ Tax id# _____
(required for security purposes, Fair and Accurate Credit Transactions Act of 2003, Identity Theft Prevention Program)

Service Address: _____ Email: _____

Signature of Applicant: _____ Date: _____

FOR CITY USE ONLY

Application received: _____

Date Service Connected: _____

Deposit Fee \$ **250.00** Date Paid: _____

Application Fee \$ **30.00** Date Paid: _____

Employee Signature

Business: Residential: Lacking Any Service

Meter Reading: _____ Route # _____ Sequence # _____