



ACCOUNT #

Application for Utility Services For Leasees

Name of Applicant(s) _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____ Cell #: _____

Driver's License # _____ Secondary's DL# _____

Last 4 digits of SSN# _____ Secondary's Last 4 digits of SSN# _____

(required for security purposes, Fair and Accurate Credit Transactions Act of 2003, Identity Theft Prevention Program)

Place of Employment: _____

Name, Address, & Phone Number (& nature of relationship) of nearest realitive not living within household:

Service Address: _____ Email: _____

A resident may request that their address and telephone number be kept confidential. If a resident makes such a request of confidentiality, the City shall keep the address and telephone number condidential unless required or mandated by law.

YES – Request for confidentiality No – Do not request confidentiality

Signature of Applicant: _____ Date: _____

FOR CITY USE ONLY

Application received: _____

Date Service Connected: _____

Lease Deposit Fee \$ \$225.00 Date Paid: _____

Application Fee \$ 30.00 Date Paid: _____

Employee Signature

Business: _____ Residential: Lacking Any Service _____

Meter Reading: _____ Route # _____ Sequence # _____