



ACCOUNT #

Application for Utility Services

Name of Applicant: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone# _____

Driver's License: _____ Spouse's D.L. # _____

Last 4 digits of SSN# _____ Spouse'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: _____
(company name) Company Address

Service Address: _____ Email: _____

Previous Address Service address: _____

Name, Address and Phone Number (and nature of relationship) of Nearest Relative not living within household:

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 confidential 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: _____

Deposit Fee \$ **125.00** Date Paid: _____

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

Employee Signature

Business: _____ Residential: Lacking Any Service _____

Meter Reading: _____ Route # _____ Sequence # _____