

APPLICATION FOR UTILITY SERVICE

Number: _____

Today's Date: _____

Please read the following statement and sign.

IF THIS ACCOUNT GOES INTO DEFAULT, I AGREE TO PAY ANY DEBTS INCURRED TO COLLECT ANY AMOUNT OUTSTANDING INCLUDING TURN OFF FEES, LATE FEES, ATTORNEY'S FEES, COURT COSTS, COLLECTION AGENCY FEES AND OR COMMISIONS.

Signature

Applicant's Name: _____
Please Print

Service Address: _____

Billing Address: _____

DATE TO BEGIN SERVICE: _____

Applicant's Phone No. _____ Applicant is: ___ Owner ___ Tenant ___ Other

Applicant's Driver's License No.: _____ Applicant's Social Security No. _____

Applicant's Home Phone: _____ Applicant's Work No. _____

Spouse's Name & Work No. : _____

FOR OFFICE USE ONLY

Date Application: _____ Disposition of Deposit: _____

Deposit: _____ Check Number: _____ Date Posted _____

Service Charge: _____ Tap fees: _____ Route # _____

Impact Fees: _____ Sequence # _____

Meter Number: _____ Water _____

Meter Reading: _____ Sewer _____ Account # _____