

UTILITY SERVICE APPLICATION

_____	_____
Applicant Name	Date Service is to be started
_____	_____
Service Address	Mailing Address
_____	_____
Social Security Number	Birth Date
_____	_____
Employer	Work Phone #
_____	_____
Home Phone #	Cell Phone #

___ Own ___ Rent

Landlord's Name: _____ (if applicable)

Landlord's Phone #: _____ (if known)

Please list any person 18 or older residing at this address

_____	_____
Name	Social Security Number
_____	_____
Name	Social Security Number
_____	_____
Name	Social Security Number

Applicant's Signature _____ Date _____

OFFICE USE ONLY

_____ \$25 Electric Service Connect Fee
_____ \$25 Water Service Connect Fee

Attach Copy of Applicant's Drivers License

Receipt Number _____

