



APPLICATION FOR UTILITY

Residential Account () Name Change Only () 72 Hour Account ()

Date to Open Account: _____ Account Number: _____

Name: _____ Gender M or F

Social Security#: _____ Driver's License or ID: _____ State: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Employer's Name: _____

Co-Applicant: _____ Gender M or F

Social Security#: _____ Driver's License or ID: _____ State: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Employer's Name: _____

Do you rent () or own () Landlord's Name: _____ Phone: _____

Service Address: _____

Mailing Address: _____

Water Deposit Amount: \$150.00 Connection Fee: \$ 20.00 Amount Paid: _____

Payment Method: Cash () Credit Card () Card Type: _____

Check () Check # _____ Bank _____

Commercial () Date to Open Account: _____

Name of Company or Business: _____

Legal Representative: _____

Drivers License: _____ Social Security#: _____

Federal Tax Id#: _____ Phone Number: _____

Service Address: _____

Mailing Address: _____

A SERVICE DEPOSIT SHALL BE REQUIRED WHICH SHALL BE EQUAL TO AN ESTIMATE OF THE COST OF SIXTY (60) DAYS UTILITY SERVICE, WITH A ONE HUNDRED DOLLAR (\$100.00) MINIMUM DEPOSIT. THE AMOUNT OF THE DEPOSIT SHALL BE ESTIMATED BY THE UTILITY BILLING CLERKS OR HIS OR HER AUTHORIZED REPRESENTATIVE WHERE BILLING FIGURES FOR A COMPARABLE ESTABLISHMENT IS NOT AVAILABLE.

Water Deposit Amount: _____ Connection Fee: \$ 20.00 Amount Paid: _____

Payment Method: Cash () Credit Card () Card Type: _____

Check () Check # _____ Bank _____

Applicant Signature Date Co-Applicant Signature Date

Water Department Approval Date Do you wish your personal information to be confidential? Yes () or No ()