APPLICATION FOR UTILITY SERVICE

Address Service Requested:				Date:		
Name:				Phone Number:		
Driver's License No.:				Birthdate:		
Marital Status:	Single	Married	Divorced	Widowed	Social Sec #	
Mailing Address (If Different from Service Address):						
Previous Address:						
Number of Adults (other than applicant) to Occupy Premises:				List these Persons Below:		
Name:			Relationship to You:			
Name:			Relationship to You:			
Name:			Relationship to You:			
Has anyone Listed Above Had Utility Service with the City Before? No Yes-If Yes, Complete:						
Name:			Service Address	:		
Name: Service Address:						
Own Rent – If Renting, Provide Landlord's Information Below:						
Landlord's Name:		Phone Number:				
Your Employer:		Phone Number:				
Employer's Addr	ess:					
Spouse's/Roommate's Employer:				Ph	one Number:	
Spouse's/Roommate's Employer's Address:						
I acknowledge that I am the only one permitted to access this account and certify that all of the information on this application is correct.						

Signature of Applicant: