

**Utility Service Application**

|  |
| --- |
| **APPLICANT INFORMATION** |
| Last Name: | First Name: | SSN: |
| **Driver's License/State:** | Date of Birth: | Email: |
| Employer: | Home/Cell Phone: | Work Phone: |
| Name of Nearest Relative (Not living with you): | Address of Nearest Relative: | **Phone Number of Nearest Relative:** |
| **CO-APPLICANT INFORMATION**A spouse is NOT presumed to be a Co-Applicant. They MUST be added and present ID at time of |
| **application. Information will not be shared unless the** | **·are on the application.** |
| Last Name: | First Name: | SSN: |
| **Driver's License/State:** | Date of Birth: | Email: |
| Employer: | Home/Cell Phone: | Work Phone: |
| Name of Nearest Relative (Not living with you): | Address of Nearest Relative: | **Phone Number of Nearest****Relative:** |
| **SERVICE LOCATION INFORMATION** |
| D New Account | D Transfer Account | 0 | Temporary Account |
| Service Address: |
| Mailing Address (If different from service address): | City/State: | Zip Code: |
| Type of Dwelling:□House | Ownership Status:□Own | If Renting, please provide: Landlord Name: |
| D Mobile Horne | □Rent | Landlord Address: |
| □Apartment |  | Landlord Phone Number: |
| Services Applied For:D Electric | Please Provide copy of**documents:** | Requested Service Start Date: |
| □Water | D Owner - Deed |  |
| D Sewer | **D Tenant - Lease** |  |