

**Utility Service Application**

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| **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** | |  | |