

**APPLICATION FOR UTILITY SERVICE
(Residential)**

Office Use Only: New Tap Existing Service Adding Service

NATURAL GAS CUSTOMER

I understand that I must make an appointment to have my gas turned on and that I will be home at the appointed time. If I am not home at the agreed time I will be charged for each subsequent service trip to have the service turned on during working hours.

WATER CUSTOMER

If we are unable to leave your water service on because of water running at the service, a service trip will be charged to return during working hours.

Signature: _____ Date: _____

A MESSAGE TO ALL CUSTOMERS

We realize that the information required is extensive, but it helps us collect from that small percentage of customers who might try to avoid payment. This keeps our many good customers from having to cover such losses. Thank you for your understanding and cooperation.

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PLEASE PRINT CLEARLY

Name:	Last First Middle	Social Security # / /	Drivers License # and State
(Spouse):	Last First Middle	Social Security # / /	Drivers License # and State
Date of Birth (self): / /		Age (self):	Date of Birth (spouse): / /
Mailing Address:		Home Phone # ()	Service Address:
City	State Zip	Service Phone #	City State Zip
Mark one Previous Account with City()Yes ()No		Mark one Own () Rent ()	
Landlords Name:		Landlords Address:	Landlords Phone #
Applicants Employer:		Employers Address:	Employers Phone #
Spouse's Employer:		Employers Address:	Employers Phone #
FOR OFFICE USE ONLY:			
Deposit Amount:	Water	Sewer	Gas
Total Amount of Deposit:		Date Service to Begin:	Non-Refundable Service Fee:

I understand that I may terminate services by giving notice to the utility department and provide my SS# for verification purposes. I also understand that if I do not give notice as prescribed above, I shall be liable for services provided until notice is received. I understand that my service deposit is not refundable until I terminate service.

Signature: _____ **Date:** _____

(Please read and sign)