



MAILED  
DUE  
CUTOFF

## RESIDENTIAL UTILITIES APPLICATION

DUE TO OUR BILLING CYCLES, YOU MAY RECEIVE A BILL FOR MINIMUM CHARGES EVEN IF YOU HAVE SERVICES FOR ONE DAY. CUTOFF DATES ARE 5 DAYS AFTER DUE DATE. NO NOTICES WILL BE SENT OTHER THAN YOUR BILL. YOUR DUE DATE IS THE \_\_\_\_\_ OF EACH MONTH.

DATE: \_\_\_\_\_ DATE SERVICES REQUESTED: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ LAST 4 SSN: \_\_\_\_\_ (Picture ID Required)  
SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
TELEPHONE NUMBER (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_  
SPOUSE'S FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
SPOUSE'S PLACE OF EMPLOYMENT: \_\_\_\_\_  
PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSPECTION FEE (IF REQUIRED): \_\_\_\_\_

ACTIVE PERMIT AT THIS LOCATION: YES NO

UTILITIES REQUESTED	DEPOSIT AMOUNT	TAPS REQUESTED (CONTACT NUMBER REQUIRED ON TAPS)	FEES
LIGHTS		WATER	
WATER		SEWER	
GARBAGE			
SECURITY LIGHT	\$9.50/MONTH & UP	MODEL 10 SURGE PROTECTOR	\$6.00 MTH

I HAVE RECEIVED A COPY OF THE UTILITIES APPLICATION AND UNDERSTAND THAT UTILITIES REQUESTED WILL BE COMPLETED BY 5PM THE FOLLING BUSINESS DAY AND TAPS REQUESTED WILL BE COMPLETED WITHIN 5 BUSINESS DAYS.

SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY

NAME CHANGE ONLY? YES NO

RECEIPT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

WORK ORDER NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

TYPE OF SERVICE: NEW Existing

UNOCCUPIED FOR ONE YEAR? YES NO (IF YES ELECTRIC INSP. REQUIRED) CASHIER: \_\_\_\_\_

### FOR WATER DEPARTMENT USE ONLY

ESTIMATE COST OF BORE: \_\_\_\_\_

ESTIMATE COST OF EXTRA MATERIALS: \_\_\_\_\_

ESTIMATE NUMBER OF DAYS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_