

City of Pikeville
UTILITY APPLICATION FORM
BUSINESS
(606)437-5109

DEPOSIT AMT. PAID _____

DATE: _____

ACCOUNT # _____

PLEASE NOTE

SERVICE APPLICATIONS MUST BE RECEIVED AT LEAST 48 HOURS PRIOR TO SERVICE CONNECTION. TO ALLOW FOR REVIEW AND WORK ASSIGNMENT SERVICE APPLICATIONS ARE TAKEN ONLY MONDAY THRU THURSDAY, FRIDAY APPLICATION DONE THE FOLLOWING MONDAY.

ANY FALSE INFORMATION WILL RESULT IN YOU NOT GETTING CITY UTILITY SERVICE. ANYONE OWING A PREVIOUS ACCOUNT CANNOT BE READ IN TO THE NEW ACCOUNT.

NAME OF BUSINESS: _____ TAX ID # _____

PRES. OR OWNER: _____ VICE PRES. OR MGR: _____

SS # _____ SS# _____

BIRTHDATE: _____ BIRTHDATE:

ADDRESS OF BUSINESS (LOCATION) _____

PHONE # _____ MAILING ADDRESS: _____

HAVE YOU EVER HAD SERVICE WITH US IN THIS NAME BEFORE? _____

IF YES, AT WHAT ADDRESS: _____

DO YOU OWN THE BUILDING OR LEASE IT? _____

IF LEASED, FROM WHO? _____

OWNER'S OFFICE PHONE: _____ MANAGER'S OFFICE PHONE: _____

OWNER'S HOME PHONE: _____ MANAGER'S HOME PHONE: _____

**DO NOT WRITE BELOW THIS LINE
FOR CITY USE ONLY**

GAS METER # _____ LOCATION _____

WATER METER # _____ LOCATION _____

TAKEN BY: _____ APPROVED BY _____

REFUSED BY _____ REASON _____

GARBAGE SERVICE: _____

No of days for pickup: _____