

Utility Service Read In Application

Customer # _____

Dept. Amt. Paid: _____

Location # _____

Date: _____

Service Order # _____

Utility Clerk: _____

Name: _____ Spouse: _____
Last First MI Last First MI

SS # _____ SS # _____

Drivers License #: _____ Drivers License # _____
State Number State Number

**Attach a photo copy of Drivers License with application for processing*

Employment: _____ Employment: _____

Phone: _____ Phone: _____

Mailing Address: _____

Home Address: _____

Service Address: _____

Rent?: _____ Own? _____

Landlord's Name? _____ Address? _____

Last Tenant: _____ Phone: _____

Alternate Phone: _____

I understand any false information will result in disconnection of service. Any balance from a previous account **MUST BE PAID IN FULL BEFORE NEW SERVICE CAN BE CONNECTED.**

Signature