Utilities Application

Doctor	Account #:		Date Received:	
Fleatin	Location #:		Move in date:	FOR UTILITY OFFICE USE ONL
	Renting	Buying	Land Contract _	
Please Print				
Name:	_:-		/	
Service Address:			SSN:	:
Mailing Address:				
Main Phone:	Alt Phone:		DL#:	State:
Employer:		City:		Zip:
Email:		Pa		Paper & eBill
Co-Applicant	ν			
Name:			/_	
Employer:		City:		Zip:
DL#	State: _			
Landlord Information (Renting	or Land Contract)			
Name:		Pł	none:	· · ·
Mailing Address:		, Ci	ty:	Zip:
Please Read & Sign				
Applicant(s)/Property Owner ag a. To be responsible and pay for all utilities account.	rees: consumed on the above menti	oned premises until the	Utilities Office has been properly r	notified to terminate service under the
b. Lessee agrees and authorizes the City toc. That the meter, furnished by the City, is a seal, or remove the same.	share account & billing informa and shall remain the property o	ation with the property of f the City and the City's	owner. agents shall have access to the met	ter at all times to read, repair, lock off,
d. That City agents shall have access to the stop the supply of service for non-payment of purpose whith the City may deem sufficiently purpose of disconnecting or adjusting the magnetic statement of the service of t	of bills when due for any servic ent , and are hereby authorized	e furnished to the applic to enter the premises o	cant/owner at the said premises, or f the applicant, at all times, for any	r elsewhere, or for any other lawful cau r such lawful cause or purpose, or for th
Applicant:			Date	e:
Co-Applicant:				e:
Owner/Property Manager:			Date	e: