

ACCOUNT No.: _____



WORK ORDER No.: _____

APPLICATION FOR PROPERTY OWNERS

EFFECTIVE DATE: _____ No. IN HOUSEHOLD _____

SOCIAL SECURITY No.: _____ LICENSE No.: _____

CUSTOMER NAME: _____ SPOUSE NAME: _____

ADDRESS TO BE SERVED: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMERGENCY PHONE: _____

DIFFERENT MAILING ADDRESS: _____ OR P.O. Box: _____

CITY: _____

STATE: _____

ZIP: _____

EMPLOYED BY: _____ PHONE: _____

AS APPLICANT I HEREBY AGREE TO BE LEGALLY RESPONSIBLE FOR ANY AND ALL BILLS INCURRED FOR THE ADDRESS ABOVE WHILE IN MY NAME.

SIGNATURE: _____ DATE: _____

ATTENTION DELINQUENT PROPERTY OWNERS!

AFTER TWO (2) CUT OFFS FOR NON-PAYMENT, YOU WILL BE REQUIRED TO PAY A \$75.00 DEPOSIT BEFORE SERVICE IS RECONNECTED.
