

APPLICATION FOR UTILITY SERVICES



A PLACE APART

Name on Account: _____

Business (if commercial): _____

Co-Occupant Name : _____

Email address: _____

Phone Number: _____

Service Address: _____

Mailing Address: _____

Social Security Number: _____

Driver's License #: _____

SIGNATURE: _____

ACCT#: _____

Type of Service:

Residential Commercial Industrial

Deposits needed:

GAS _____ WATER TAP _____

WATER _____ SEWER TAP _____

GAS TAP _____

Accounts will be billed monthly and payments are due on date indicated on bill. Failure to pay by the due date will result in a late fee. Any account that has two months of bills due not paid in full by the due date on the bill will be considered delinquent and will be placed into cut-offs. Accounts in cut-off will have an additional fee of \$40 added to account balance. If the account is not paid in full by the end of the month, the deposit will be released against the account balance. The balance will need to be paid in full in order for the account to be reinstated, and any deposits released will need to be paid again as well.

DATE: _____