## APPLICATION FOR UTILITY SERVICES

DATE:		
ADULTS OCCUPY	YING HOME:	
#1	SOC.SEC#_	LICENSE #
#2	SOC.SEC#	LICENSE #
#3	SOC.SEC#	LICENSE #
ADDRESS FOR S	ERVICE:	
BILLING ADDRE	SS (if different from above): _	
TELEPHONE NU	MBER:	
MOST PREVIOUS	S ADDRESS:	
PRESENT EMPLO	OYER #1	Address:
PRESENT EMPLOYER #2		Address:
Are you (Circle Or	ne) Renting Pur	chasing
Number of person	as that will be living at this resi	dence
pursuant to the r honest and accura utility until I give	ules of the utility. I acknowle ate to the best of my knowledg	s listed above beginning, edge that all statements given above are e. I agree to pay all bills rendered by the nue services and agree that late penalties e due date shown on the bill.
Signed:, Applicant		, Applicant

## TENANTS: WE WILL BE NOTIFYING YOUR LANDLORDS OF ALL DISCONNECT NOTICES

A deposit intended to guarantee payment of bills is required for establishment of services. A new or additional deposit may be subsequently required if the deposit is refunded or found insufficient and the account becomes marked by untimely payments. Deposits will be refunded to renters upon complete payment of the final bill.