



Service Request Application

Previous Customer?: Yes () No () If yes, where? _____

Name(s) _____

Property Location _____

(City) (State) (Zip)

Billing Address _____

(City) (State) (Zip)

Home Phone _____ Cell Phone _____

Last 4 Digits of SNN _____ Number Living in Household _____

Rent () Own () Other () _____

If Rent: Property Owners Name: _____ Phone _____

Applicants place of employment _____

Name of Spouse _____ Phone _____

Spouse's place of employment _____

List any authorized users who may inquire/make changes to account.

Email Address _____

Would you like to sign up for e-bills? Yes () No ()

I hereby authorize service to be established in my name at the above property location and agree to pay for service until discontinued by my request in writing. I understand that this application is accepted subject to the availability of service at this location.

Applicants signature _____

Date _____