

**CITY OF WALTON  
NEW UTILITY APPLICATION**

Date: \_\_\_\_\_ Customer # \_\_\_\_\_  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address: \_\_\_\_\_ P.O. Box # \_\_\_\_\_  
Previous Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
Drivers License Number \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer Address & Phone No.: \_\_\_\_\_

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**SPOUSE/ COMPANION INFORMATION**  
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Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
Drivers License Number \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
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Do you (Circle one): Own Rent Landlord's Name: \_\_\_\_\_

Date you wish service to begin: \_\_\_\_\_

**DATE GAS DEPOSIT OF \$100 IS PAID:** \_\_\_\_\_

**DATE WATER DEPOSIT OF \$50 IS PAID:** \_\_\_\_\_

Do you own Dogs or Cats? Are they spayed or neutered?

Proof of Vaccination? \_\_\_\_\_ City dog tax paid? \_\_\_\_\_

Breed(s) of dogs: \_\_\_\_\_

In case of emergency, who may we call? \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

**YOU MUST PROVIDE A PICTURE ID WITH YOUR NAME**

**OR SERVICE WILL NOT BE GIVEN**

(revised 1-23-02)