HOMEOWNER - APPLICATION FOR UTILITY SERVICE

	DATE	20
PHONE NO	ACCOUNT NO	
NAME:		
EMAIL ADDRESS:		
	DL#	
SPOUSE:		
SS#	DL#	
SERVICE ADDRESS:		
MAILING ADDRESS:		
APPLICATION FOR: ELEC GASWATER	RSEWERSANITATION_	
HAVE YOU HAD SERVICE BEFORE WITH THIS UTILITY?	YES NO	
IF YES, DATEPREVIOUS A	ACCT. NO	
TYPE OF HEAT: ELECTRIC GAS OTHER		
IMMEDIATE RELATIVE:		
NAME		
ADDRESS		
PERSONAL REFERENCE:		
NAME		
ADDRESS		
PLACE OF EMPLOYMENT & ADDRESS		
SPOUSE'S EMPLOYMENT & ADDRESS		

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE UTILITY BILLING. I FURTHER UNDERSTAND THAT IF MY ACCOUNT BECOMES DELINQUENT, I WILL BE RESPONSIBLE FOR ANY EXPENSES INCURRED IN COLLECTING MY ACCOUNT. SPECIFICALLY, THERE MAY BE LEGAL FEES OR EXPENSES CHARGED BY AN INDEPENDENT COLLECTING AGENCY OF AN ADDITIONAL 25% WHICH I SHALL BE LIABLE FOR.

ALL METERS, SERVICE CONNECTIONS, OUTDOOR LIGHTS, AND OTHER EQUIPMENT FURNISHED BY THE DISTRIBUTOR ARE, AND SHALL REMAIN THE PROPERTY OF THE DISTRIBUTOR. THE CUSTOMER SHALL PROVIDE SPACE FOR AFORESAID EQUIPMENT AND DEVICES AND SHALL EXERCISE PROPER CARE TO PROTECT ALL PROPERTY OF THE DISTRIBUTOR ON HIS (THE CUSTOMER'S) PREMISSES. IN THE EVENT OF LOSS OR DAMAGE TO DISTRIBUTOR'S PROPERTY ARISING FROM NEGLIGENCE ON THE PART OF THE CUSTOMER IN CARING FOR SAME, THE COST OF NECESSARY REPAIRS OR REPLACEMENTS SHALL BE PAID BY THE CUSTOMER. ACTION OF WILLFUL AND MALICIOUS DESTRUCTION OF DISTRIBUTOR'S PROPERTY SHALL RESULT IN LEGAL PROSECUTION OF THOSE INDIVIDUALS RESPONSIBLE FOR SUCH ACTS, AND FULL MONETARY RESTITUTION SHALL BE MADE FOR ANY DAMAGES. RESPONSIBILITY FOR OFFENSES PERPETRATED BY MINORS SHALL REVERT TO MINOR'S PARENTS OR LEGAL GUARDIANS.

I ALSO AGREE TO PROVIDE SAFE, AMPLE ACCESS AT ALL TIMES TO ALL UTILITY METERS AND EQUIPMENT ON MY PROPERTY BY CONFINING OR RESTRAINING ANIMALS A SAFE DISTANCE AWAY, BY CUTTING BUSHES AND UNDERGROWTH, AND BY KEEPING MY PREMISES CLEAN, SO THAT THERE ARE NO OBSTRUCTIONS TO THE AFORESAID UTILITY METERING OR EQUIPMENT. NOTE: A \$25.00 CONNECTION FEE WILL BE ADDED TO THE INITIAL BILL ONLY.

SIGNATURE OF APPLICANT:_	
CO-APPLICANT:	