

ACCOUNT # _____ Customer ID _____

Location ID _____

NAME: _____ SPOUSES NAME/MAIDEN NAME _____

NUMBER OF PERSON(S) OVER THE AGE OF 18 YEARS OCCUPYING PROPERTY: _____

NAME OF EACH PERSON: 1 _____ 2 _____

3 _____ 4 _____

SERVICE ADDRESS: _____ PHONE # _____

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE/PICTURE ID # _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

PROPERTY OWNER _____ PHONE # _____

EMPLOYER _____ PHONE # _____

NEXT OF KIN: _____ PHONE # _____

NEXT OF KIN ADDRESS: _____

WARNING: ANY INTENTIONAL ACT OF MAKING FALSE STATEMENTS ON THIS APPLICATION SHALL SUBJECT APPLICANT TO CUT-OFF OF ALL UTILITY SERVICES AND REQUIRE FULL PAYMENT OF UTILITY CHARGES TO DATE. I UNDERSTAND THAT MY BILL IS SUBJECT TO BE DISCONNECTED IF I FAIL TO PAY WITHIN THIRTY DAYS FROM THE BILLING DATE WITHOUT FURTHER NOTICE, PLUS A RECONNECT CHARGE. I UNDERSTAND THAT THE CITY OF NATCHITOCHEES IS NOT RESPONSIBLE FOR ANY DAMAGES DUE TO FAULTY PLUMBING OF FAUCETS LEFT OPEN.

RESIDENTIAL

UTILITIES APPLICATION - CITY OF NATCHITOCHEES

SIGNATURE OF APPLICANT _____

DATE _____