



UPDATE CUSTOMER SERVICE INFORMATION

ACCOUNT # _____ PHONE # _____ DATE _____

NAME _____ SS# _____
LAST FIRST MIDDLE

SPOUSE _____ SS# _____
LAST FIRST MIDDLE

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

APPLICATION FOR: ELECTRIC ___ GAS ___ WATER ___ SEWER ___ SANITATION ___

DO YOU OWN YOUR HOME? YES ___ NO ___ AUTOMOBILE? YES ___ NO ___

DATES SERVICE DISCONNECTED:

IMMEDIATE RELATIVE: NAME _____
ADDRESS _____

CREDIT REFERENCE: NAME _____
ADDRESS _____

PLACE OF EMPLOYMENT: _____

FORM MUST BE FILLED OUT IN ITS ENTIRETY BEFORE SERVICES CAN BE RESTORED

I understand that any false information given can result in the immediate disconnection of my utility service and that I will be responsible for any unpaid utility bills, penalties, collection fees, and re-connection fees.

I further understand that I will be responsible for the utility billing. If my account becomes delinquent, I will be responsible for any legal fees or expenses charged by an independent collecting agency which I shall be liable for.

APPLICANT'S SIGNATURE _____