

# APPLICATION FOR UTILITY SERVICES

THE FOLLOWING INFORMATION IS KEPT CONFIDENTIAL AND IS NOT A PUBLIC RECORD

APPLICANT NAME \_\_\_\_\_  
FIRST MI LAST

ADDRESS FOR SERVICE: \_\_\_\_\_

POST OFFICE BOX: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MOST PREVIOUS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

SOC. SEC #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

OFFICE USE ONLY

ACCT #: \_\_\_\_\_

START DATE OF SERVICE

\_\_\_\_/\_\_\_\_/\_\_\_\_

WATER DEPOSIT : \_\_\_\_\_

GAS DEPOSIT : \_\_\_\_\_

RECYCLING FEE : \_\_\_\_\_

TO PREVENT IDENTITY THEFT A COPY OF GOVERNMENT-ISSUED PHOTO ID IS REQUIRED

## IF TENANT

LANDLORD NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## DEPOSITS REQUIRED

**WATER: \$100.00**

**GAS: \$100.00**

**RECYCLING: \$10.00**

I hereby acknowledge that all statements given above are honest and accurate to the best of my knowledge. I understand I am responsible for paying the the entire utility bill when due and agree that late penalties of \$25.00 for each service, water and gas, will be assessed on any unpaid balances after the end of any given month. The City of Morning Sun reserves the right to require additional deposits if at a later date any record of payment or change in financial circumstances warrant.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Received by)

