

OFFICE USE

Name: _____ Co-App: _____

Service Address: _____ Account No.: _____

Mailing Address: _____ Phone: _____

CITY OF MILTON-FREEWATER – UTILITY SERVICE APPLICATION

Applicant Information

Co-Applicant Information

Name

Name

Drivers License # & State

Drivers License # & State

Social Security number

Social Security number

Date of Birth

Date of Birth

Employer & Employer Phone

Employer and Employer Phone

email address

email address

Previous services with the city of Milton-Freewater? _____ Yes _____ No
If yes, when and under what name? _____

REFERENCES: (People who would know how to contact you in the event of an electrical/water problem)

1. _____
Name Address Relationship Phone

2. _____
Name Address Relationship Phone

I agree to abide by the terms and conditions set forth in the City's ordinances, resolutions and policies regarding the use of and payment for utility services. I understand that failure to pay when due may be cause for penalty charges or disconnection. I affirm that the information given above is true and accurate to the best of my knowledge. I agree to provide changes to any of the information provided above as soon as they take place.

Applicant's signature **Date** **Co-Applicants signature** **Date**

Deposit Information:

Amount Required: \$ _____ Date Paid: _____
Amount Applied: \$ _____ Date Applied: _____ FI or GC
Amount Refunded: \$ _____ Date Refunded: _____ Ck # _____
Termination Date: _____ Remaining Balance: \$ _____

Remarks:

