

NEW RESIDENTIAL UTILITY ACCOUNT CONNECTION FORM

Please check appropriate line for your status

Renter _____ **Home Business** _____

Owner _____

Please print to insure correct spelling of name

Date of transfer: _____

Deposit Amount: \$ _____

Office Use

Service Address: _____

Name: _____

Mailing Address (if different): _____

City: _____ State _____ Zip _____

Contact Phone Number: _____ Date of Birth: _____

Social Security Number: _____

Other persons living in home over age of 18 years (Residential)

Name Social Security Number

Name Social Security Number

Name Social Security Number

Name of landlord: _____

Have you previously lived in the City? ____ yes ____ no

If yes, at what address: _____

If yes, date moved: _____

Have you had a utility account in the past with the City? ____ yes ____ no

If yes, at what address: _____

If yes, name account is under: _____

I acknowledge that I have received a copy of the Utility Policy. I further acknowledge that by signing I am agreeing to the terms of this policy and all procedures within the City of Gladstone Utility Ordinance.

If a deposit is required, deposit is to be paid prior to account being opened in your name.

Signature

Date