VILLAGE OF FORT LORAMIE

RESIDENTIAL UTILITY APPLICATION AND TAX REGISTRATION

DATE:	EFFECTIVE DATE OF SERVICE		ACCT#:
Name of Applicant:			
Service Address:Phone:			
Mailing Address: Email:			
	perless billing? s, paperless, you will not		_ No . You will receive your bill via email.)
Social Security # of App	olicant:	Applicant Employ	er:
Spouse's Name:	Spouse's SS#:	Spous	se's Employers:
Last Address of Applica	int:		
Have you ever had villa	age utilities in your name	before:	If yes, where?
I am renting	buyingthi	s property.	
If renting or leasing ple	ase provide:		
Name of Owner:		Address of Owner:	
Please list other memb	ers of household 18 yea	rs of age and over:	
Name:	SS#:Empl		Employer:
I the undersigned do under	rstand and agree that:		
(2) Non-payment of bills wh (3) A reconnection charge of (4) If I, my spouse, or any m must be paid in full before a that such a bill exist, service (5) If renting, I understand to deposit will be applied to the	any service is provided at the ewill be discontinued at once that a deposit of \$100.00 is refinal bill when service is dis	nuation of service. Ith outstanding bill before Ith outstanding bill before Ith outstanding bill before Ith outstanding bill before Ith outstanding Ith o	ie any past due, delinquent bills, all of these bills if that if after this service is provided it if found is made in full. Privice & this deposit does not bear interest. The
Signature of Applicant:			Date:
*****Deposit \$100	Check C	ash	