

RESIDENTIAL APPLICATION FOR UTILITY SERVICE

[COMPLETE ALL APPLICABLE SECTIONS IN FULL, SIGN, DATE, AND SUBMIT]

(1) APPLICANT INFORMATION

TYPE OF RESIDENCE: HOUSE ___ APARTMENT ___ MOBILE HOME ___ CONDO ___ OTHER _____

APPLICANT'S NAME: _____ SSN: _____ - _____ - _____

PHOTO ID: APPLICANT TYPE: _____ STATE: _____ NUMBER: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CONTACT: HOME: (____) _____ MOBILE: (____) _____ E-MAIL: _____

(2) PROPERTY OWNER INFORMATION

PROPERTY OWNER: _____

PROPERTY OWNER MAILING ADDRESS: _____

PHONE: HOME: (____) _____ MOBILE: (____) _____ E-MAIL: _____

(3) LEASE AGREEMENT (TENANT) INFORMATION

DATE LEASE STARTS: _____ DATE LEASE ENDS: _____

APPLICANT AGREEMENT: I AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED TO ME AT THE ABOVE NOTED PROPERTY. I AGREE TO PROMPTLY PAY FOR UTILITY SERVICES RECEIVED ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY THE CITY OF OBETZ COUNCIL. I AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAWS, CITY OF OBETZ ORDINANCES AND REGULATIONS, AND CITY OF OBETZ WATER, SEWAGE, AND REFUSE SERVICE PROCEDURES AND GUIDELINES.

APPLICANT UNDERSTANDS THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.

X _____ DATE: _____