		Date
		Account#
	Service Applic	cation
Customer Name		
Service Address	5	
Mailing/Forwardin	g Address	
Phone Number		
Date of Connect I authorize that		rt Utility Department
CONNECT / DISCONN	ECT my electric and	d/or water service(s) at
		AND AGREE WITH THE TERMS AND
Signature		Date
DL#	SSN#	DOB
Spouse/Tenant(s)S	ignature	Date
DL#	SSN#	DOB
Residential	Commercial	Туре
transfer services		stomer to disconnect or al security and driver's d.)
IS IT A DEMOLITIC	N? YES O	r NO
INSPECTION REQUIR	ED? YES O	r no