

Town of Hamilton - Application for Utility Service {water/sewer/electric}

THIS FORM MUST BE COMPLETED BEFORE UTILITY SERVICE CAN BE CONNECTED.

Date \_\_\_\_\_ 20\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Res) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

SS#: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_

Drivers License # \_\_\_\_\_ Spouse Drivers License # \_\_\_\_\_

Place of employment: \_\_\_\_\_

Spouses Place of employment: \_\_\_\_\_

Name, phone & relationship of person we can contact in case of emergency:

\_\_\_\_\_

If you are renting: Owner's name: \_\_\_\_\_ Phone

number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I attest that the above information is correct to the best of my knowledge and that I am responsible for all charges and bills associated with this account.

Sign Full Name: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

OFFICE USE ONLY:

Account #: \_\_\_\_\_ Location #: \_\_\_\_\_ Deposit Amt.: \$ \_\_\_\_\_

Date service connected: \_\_\_\_\_ Disconnected: \_\_\_\_\_

Type of Service:

Inside Town of Hamilton

Water & Sewer: \_\_\_\_\_ Electric: \_\_\_\_\_ Residential: \_\_\_\_\_

Commercial: \_\_\_\_\_

Water Only: \_\_\_\_\_

Outside Town of Hamilton

Water & Sewer: \_\_\_\_\_ Residential: \_\_\_\_\_

Sewer Only: \_\_\_\_\_ Commercial: \_\_\_\_\_