

APPLICATION FOR UTILITIES



DATE: _____

Cell Phone# _____

Home Phone# _____

NAME: _____

Date of Birth _____

Social Security# _____

Rent/Own _____

SERVICE ADDRESS: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

Landlord if Renting: _____ Phone# _____

Previous Address Street: _____

City: _____ State: _____ Zip: _____

Name of Employer: _____ Phone# _____

Wife/Husband Name: _____ SS# _____

Wife/Husband Employer: _____ Phone# _____

PERSONAL REFERENCE: *(Nearest Relative or Someone who knows you well and will be able to get in touch with you.)*

Name _____

Address _____ Phone# _____

UTILITY SERVICES REQUESTED:

Water/Sewer _____ Gas _____ TEL/COM _____

Billing will include garbage fees as mandated by Dublin City Code-Section 11-34.

Applicant represents that the information given in this application is complete and accurate and authorize us to check with credit reporting agencies, credit references and other sources disclosed herein in investigating the information given.

THIS INFORMATION IS REQUIRED FOR YOUR PROTECTION AS PART OF OUR IDENTITY THEFT PREVENTION PROGRAM.

CUSTOMER SIGNATURE

ACCOUNT NUMBER

CODE

DATE

RECEIPT NUMBER

TYPE OF PHOTO ID PROVIDED

(MAKE PHOTOCOPY FOR FILE)

Accepted by: _____