



Applicant	
Name:	
Social Security Number:	Date of Birth:
SERVICE Address:	
City, State, Zip Code:	Cell Phone:
Mailing Address:	Home Phone:
City, State, Zip Code:	Rent <input type="radio"/> OR Own <input type="radio"/>
Email:	
Name of Employer	Phone:
Landlord Information (leave blank if you own the property)	
Name of Landlord:	Landlord's Phone:
Authorized User: (Person authorized to discuss account in the applicant's absence.)	
Name:	
Social Security Number:	Phone:
Utility Services Requested	How would you like your bill?
Water/Sewer <input type="radio"/> Natural Gas <input type="radio"/> Sprinkler <input type="radio"/>	Email <input type="radio"/> OR Mail <input type="radio"/>

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 authorizes 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.**

By signing below, the applicant certifies the information in this application is true and complete.	
Applicant Signature:	Date:

Attention DNG Customers: Your signature on this form confirms that you have received your Customer Buried Pipping Letter & Safety Brochure.

For office use

Account Number:	Date:	Receipt Number:
Type of Photo ID (make copy for file):		
Approved by:		