

# City of Milton

## APPLICATION FOR UTILITY SERVICE(S) (Residential)

### PLEASE PRINT CLEARLY

Last First Middle Name:	Social Security # / /	Driver's License # and State
Last First Middle (Spouse):	Social Security # /	Driver's License # and State
Date of Birth (self): / /	Age self: Age spouse:	Date of Birth (spouse): / /
Mailing Address:	Home Phone #	Service Address:
City State Zip	Service Phone #	City State Zip
Mark one Previous account with City ( ) Yes ( ) No	Mark one Own ( ) Rent ( )	Email Address
Landlords Name:	Landlords Address:	Landlords Phone #
Applicants Employer:	Employers Address:	Landlords Phone #
Spouse's Employer:	Employers Address:	Employers Phone #
FOR OFFICE USE ONLY:		
Water Deposit Amount:	Sewer	Gas
Total Amount of Deposit:	Date Services to Begin:	Non-Refundable Service Fee:
I understand that I may terminate services by giverification purposes. I also understand that if I		

services provided until notice is received. I understand that my service deposit(s) is not refundable until I terminate service(s).

Signature:	Date:
SIBILITORI	2 4.00.

## APPLICATION FOR UTILITY SERVICE

(RESIDENTIAL)

Office Use Only:	( ) New Tap	( ) Existing Service	( ) Adding Service
	<b>N</b> A	ATURAL GAS CUSTOMER	
	me at the agreed time I	nent to have my gas turned on and t will be charged for each subsequen	hat I will be home at the appointed nt service trip to have the service
		WATER CUSTOMER	
	leave your water servic uring working hours.	e on because of water running at th	ne service, a service trip will be
Signature:		Date:	

#### A MESSAGE TO ALL CUSTOMERS

We realize that the information required is extensive, but it helps us collect from that small percentage of customers who might try to avoid payment. This keeps our many good customers from having to cover such losses. Thank you for understanding