

Residential Service Application New Customer

Name(s) of responsible for bill: _____

Property Address: _____

Date property will be sold: _____

Is this a Land Contract? Yes No

Social Security Number(s): _____

Drivers License Number(s): _____

Individuals living at service address, other than responsible party:

Mailing address if different from service address: _____

Phone #: _____

Cell #: _____

E-mail address: _____

In case of emergency phone number to call: _____

Signature: _____ Date: _____