

UTILITY SERVICE APPLICATION

Date: _____

Property Owner ___ Landlord ___ Renter ___

Commercial ___ Residential ___

Account Name: _____

Service Address: _____

Billing Address: _____

Social Security #: _____ Drivers License #: _____

Phone #: _____

Employer: _____ Work #: _____

Note: If account is in the Landlords Name, the landlord is completely responsible for the account. If account is in the Renter's Name, the renter is completely responsible for the account.

OFFICE USE ONLY

Deposits: Water Poly Cart Sanitation 5 Lakes

Water Deposit Contract #: _____ Poly Cart # _____

Deposit Amount: \$100.00 \$200.00 \$30.00

Cash \$ _____ Check # _____ MO# _____

Bank Draft Authorization Attached

Person Paying Deposit: _____ Employee: _____

Copies: DL Proof of Ownership
 Rental Receipt Past Accounts/Names

OFFICE REMINDER

BE CERTAIN WHEN ENTERING A NEW ACCOUNT THAT ALL ACCOUNT CHARGES & INFORMATION ARE CORRECT FOR THE CURRENT APPLICANT. EXAMPLES: # OF PC'S; OWERNERSHIP, BANK ACCT INFO, ETC.