

TOWN OF BLACK CREEK
APPLICATION FOR PUBLIC UTILITIES

ACCT. # _____ DATE: _____

FULL NAME : _____

STREET ADDRESS : _____

MAILING ADDRESS : _____

HOME PHONE : _____ WORK PHONE : _____

DRIVER'S LICENSE # _____ EXPIRATION DATE : _____

SOC . SEC . # _____ DATE OF BIRTH : _____

EMPLOYER : _____

SPOUSE'S FULL NAME : _____

SPOUSE'S EMPLOYER : _____

DRIVER'S LICENSE # _____ EXPIRATION DATE : _____

SOC. SEC. # : _____ DATE OF BIRTH : _____

OTHER ADULTS LIVING IN HOUSEHOLD : _____

PREVIOUS RESIDENCE : _____

IS THERE ANYONE LIVING IN YOUR HOME THAT USES MEDICAL EQUIPMENT THAT
WOULD PRESENT A HARDSHIP IF UTILITIES WERE DISCONNECTED? ___

IF YES EXPLAIN : _____

DEPOSIT : RECEIPT # _____ ELECTRIC _____ WATER _____

(DEPOSITS ARE APPLIED TOWARDS YOUR FINAL BILL)

NOTICE : WE RESERVE THE RIGHT TO CHECK YOUR UTILITY CREDIT RECORD.

*** YOU ARE RESPONSIBLE FOR ALL COLLECTION FEES ***

SIGNATURE : _____ YOUR SIGNATURE
STATES THAT YOU HAVE READ THE NOTE BELOW

***THE TOWN OF BLACK CREEK IS NOT RESPONSIBLE FOR ANY ELECTRICAL OR
WATER & SEWER DAMAGES. WE RECOMMEND THE CUSTOMER BE AT HOME WHEN
SERVICES ARE CONNECTED.