

APPLICATION FOR CITY UTILITIES

PRINT

FULL NAME: _____
Last First Middle

SOCIAL SECURITY No. _____

Driver's Lic. No. _____

OWNER or RENTER/CONTRACT FOR DEED PURCHASE (circle one)

FULL NAME
CO-RESIDENT _____
Last First Middle

SOCIAL SECURITY No. _____

NEW ADDRESS _____

CONTACT PHONE _____ EMAIL _____

EMPLOYMENT _____ PHONE _____

CO-RESIDENT
EMPLOYMENT _____ PHONE _____

HAVE YOU BEEN ON SERVICE BEFORE? YES or NO (circle one) DATE _____

ADDRESS OF PAST SERVICE _____

NAME(s) USED UNDER PAST SERVICE _____

By signing this application I hereby agree to abide by the provisions contained in Chapter 38 of the McLeansboro City Code, and all other federal, state and local laws; rules and procedures with regard to my utility service, including use and payment. I understand that the failure to receive billing does not relinquish my responsibility for payment or penalty. I understand that if I do not pay in a timely manner, my service may be disconnected and unpaid amounts may result in a lien against the property and/or legal action. I understand I am responsible for all costs requiring collection.

I STATE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE _____ DATED _____

Please list any maiden names or alias which you may have used with the City: _____