

**TOWN OF FREMONT  
UTILITY SERVICE APPLICATION**

APPLICANT NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ (CELL): \_\_\_\_\_ (OTHER) \_\_\_\_\_

OWN / RENT RENTING FROM: \_\_\_\_\_ PHONE: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ DOB: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPOYER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ (CELL): \_\_\_\_\_ (OTHER) \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ DOB: \_\_\_\_\_

LIST ALL OTHER PERSONS THAT WILL BE LIVING IN THE HOME:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

UTILITY SERVICE REQUESTED: ELECTRICAL \_\_\_\_\_ WATER \_\_\_\_\_ SEWER \_\_\_\_\_

TYPE OF HEAT: ELECTRIC \_\_\_\_\_ GAS \_\_\_\_\_ OIL \_\_\_\_\_ WOOD \_\_\_\_\_

TYPE OF HOT WATER HEATER: ELECTRIC \_\_\_\_\_ GAS \_\_\_\_\_ OIL \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_ REQUESTED CONNECTION DATE: \_\_\_\_\_

*THE UNDERSIGNED DO HEREBY MAKE APPLICATION FOR UTILITY SERVICES INDICATED AND AGREE TO OBSERVE THE RULES AND REGULATIONS TO THE TOWN OF FREMONT REGARDING CLASS OF SERVICE RENDERED AND TO COMPLY WITH ALL APPLICABLE CODES AND ORDINANCES OF THE TOWN OF FREMONT. ANY FALSE INFORMATION GIVEN ON THIS APPLICATION WILL BE GROUNDS FOR REFUSAL OF SERVICE RENDERED OR DISCONNECTION OF INSTATED SERVICES.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*SOCIAL SECURITY NUMBERS ARE USED FOR DEBT PURPOSES ONLY \* THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER*