

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: _____

EMPLOYER'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: _____