## **APPLICATION FOR CITY OF HIGHLAND UTILITIES**

TODAY'S DATE:	_	
APPLICANT(S) NAME:		
	PHONE:	
	MOVE IN DATE:	
MAILING ADDRESS: (if different)		
DRIVER'S LICENSE NO	DRIVER'S LICENSE NO	
SOCIAL SECURITY NO	SOCIAL SECURITY NO	
DATE OF BIRTH	DATE OF BIRTH	
	T, LANDLORD'S NAME:  HLAND UTILITY CUSTOMER? YES NO (circle one)	
IF YES - DATES OF SERVICE: FROM	1TO	
LOCATION OF SERVICE:		
PREVIOUS UTILITY SUPPLIER:	;	
name	address phone	
PLEASE LIST ANY OTHER PERSON(S)	THAT ARE AUTHORIZED TO OBTAIN INFORMATION ON	
ACCOUNT. Name	Name	
To the best of my knowledge, the above info	ormation is correct.	
SIGNED	SIGNED	
TO BE COMPLETED BY OFFICE		
APPLICATION RECEIVED BY	ACCOUNT NUMBER:	
UTILITY DEPOS	SIT REQUIRED? YES NO (circle one)	
CREDIT LETTER RECEIVED :		
DATE DEPOSIT RECEIVED:	\$	
VERIFY NO BAD DEBT:	VERIFY COPY OF DRIVER'S LICENSE:	
COMMENTS:		