

APPLICATION FOR CITY OF HIGHLAND UTILITIES

TODAY'S DATE: _____

APPLICANT(S) NAME: _____ PHONE: _____

_____ PHONE: _____

LOCATION OF SERVICE: _____ MOVE IN DATE: _____

MAILING ADDRESS: _____ EMAIL _____

(if different) _____

DRIVER'S LICENSE NO. _____ DRIVER'S LICENSE NO. _____

SOCIAL SECURITY NO. _____ SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ DATE OF BIRTH _____

DO YOU RENT OR OWN ? IF RENT, LANDLORD'S NAME: _____

ARE YOU CURRENTLY A CITY OF HIGHLAND UTILITY CUSTOMER? YES NO (circle one)

IF YES - DATES OF SERVICE: FROM _____ TO _____

LOCATION OF SERVICE: _____

IF NO - PREVIOUS ADDRESS: _____

PREVIOUS UTILITY SUPPLIER: _____

EMPLOYED BY: _____

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 information is correct.

SIGNED _____ SIGNED _____

TO BE COMPLETED BY OFFICE

APPLICATION RECEIVED BY _____ ACCOUNT NUMBER: _____

UTILITY DEPOSIT REQUIRED? YES NO (circle one)

CREDIT LETTER RECEIVED : _____

DATE DEPOSIT RECEIVED: _____ \$ _____

VERIFY NO BAD DEBT: _____ VERIFY COPY OF DRIVER'S LICENSE: _____

COMMENTS: