



DATE

ACCOUNT NUMBER

ONLINE RECORD NUMBER

CSS

APPROVED

APPLICATION FOR RESIDENTIAL UTILITIES

SERVICE LOCATION

***BOLD DENOTES A REQUIRED FIELD**

SERVICE ADDRESS WHERE UTILITIES WILL BE CONNECTED (NOTE: SERVICES WILL NOT BE CONNECTED WITHOUT ADDRESS NUMBERS ON THE BUILDING)		
<input type="checkbox"/> I OWN OR HAVE RECENTLY PURCHASED THIS LOCATION (MUST PROVIDE CLOSING STATEMENT OR OTHER PROOF OF OWNERSHIP)	<input type="checkbox"/> I AM RENTING THIS LOCATION (MUST COMPLETE LANDLORD'S INFORMATION BELOW AND PROVIDE A LEASE AGREEMENT OR RENT RECEIPT):	
	LANDLORD'S NAME	LANDLORD'S PHONE NUMBER
MAILING ADDRESS WHERE THE BILL WILL BE DELIVERED		

PRIMARY APPLICANT

FULL LEGAL NAME		PREVIOUS UTILITIES WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO
MAIDEN OR PREVIOUS NAMES		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
LICENSE NUMBER	PRIMARY PHONE NUMBER	
SECONDARY PHONE NUMBER	EMPLOYER	WORK PHONE NUMBER
EMAIL ADDRESS		

SECONDARY APPLICANT (OPTIONAL)

IF THIS SECTION IS COMPLETED, THE SECONDARY APPLICANT WILL BE ABLE TO MAKE CHANGES TO THE ACCOUNT, ESTABLISH CONTRACT PAYMENT PLANS, DISCONNECT OR TRANSFER SERVICES, OR OTHERWISE MAKE ACCOUNT HOLDER DECISIONS WITHOUT THE PRESENCE OF THE PRIMARY APPLICANT. THE SECONDARY APPLICANT MUST PROVIDE A VALID US GOVERNMENT ISSUED PICTURE ID.

FULL LEGAL NAME		PREVIOUS UTILITIES WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO
MAIDEN OR PREVIOUS NAMES		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
LICENSE NUMBER	PRIMARY PHONE NUMBER	
SECONDARY PHONE NUMBER	EMPLOYER	WORK PHONE NUMBER
EMAIL ADDRESS		

