|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service Address: |  | | | | | | | Account #: | | | | |  |
| Deposit Required: | $100 owner  $150 rental tenant | | | | | Date Service to Begin: | | | |  | | | |
| Billing Address: |  | | | | | | | | | | | | |
| Applicant Name: |  | | | | Co-Applicant Name: | | | |  | | | | |
| Contact #: |  | | | | Contact #: | | | |  | | | | |
| E-mail: |  | | | | E-mail: | | | |  | | | | |
| Social Security #: |  | | | | Social Security #: | | | |  | | | | |
| Employer Identification # (EIN)  (If Applicable) | |  | | | Employer Identification # (EIN)  (If Applicable) | | | | | | |  | |
| Driver’s License/Gov’t ID: | |  | | | Driver’s License/Gov’t ID: | | | | | | |  | |
| Date of Birth: |  | | | | Date of Birth: | | | |  | | | | |
| Current Employer |  | | | | Current Employer | | | |  | | | | |
| Names of ALL Adults (18 years or older) living at this residence: | | | |  | | |  | | | |  | | |
| IF RENTAL PROPERTY: | | | | | | | | | | | | | |
| Owner/Landlord: | | |  | | | | | | | | | | |
| Owner/Landlord Address: | | |  | | | | | | | | | | |
| Owner/Landlord Phone #: | | |  | | | | | | | | | | |

I hereby apply for utility services, for the premises listed above, pursuant to the rules and regulations of the City of Pierson. I agree to pay all bills rendered by the City of Pierson until I give written notice to the City of to discontinue said utility services. The above referenced deposit is intended to guarantee payment of bills as required for each service connection. An additional deposit may be subsequently required if the deposit is found to be insufficient and the account becomes marked by untimely payments. I understand that this deposit will be applied to my account upon termination of services. If the deposit is less than my final bill, I will promptly pay the balance due. If the deposit is more than my final bill, the City of Pierson will refund the credit balance. I understand that in the event we are renting our landlord may request information or be notified of the status of my account. The City utilizes the Income Offset program to collect any fees that become delinquent.

By signing below I acknowledge that I have read the Customer Rights & Responsibilities

Applicant Signature: Date:

Co-Applicant Signature: Date:

***Information obtained in this document will be kept confidential and is not considered public record.***