



# TOWN OF PINETOPS

## UTILITY APPLICATION

Date: \_\_\_\_\_ Service Representative: \_\_\_\_\_

Customer's Name \_\_\_\_\_ DOB \_\_\_\_\_

Spouse's/Partner's Name \_\_\_\_\_

Location Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Customer Social Security # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Spouse/Partner Social Security # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Customer Employer Name \_\_\_\_\_

Customer Employer Address \_\_\_\_\_

Spouse/Partner Employer Name \_\_\_\_\_

Spouse/Partner Employer Address \_\_\_\_\_

Do you Own \_\_\_\_\_ , Or Rent \_\_\_\_\_ Landlord Name \_\_\_\_\_

Service Requested: Electric\_\_\_\_,Water\_\_\_\_,Sewer\_\_\_\_, Sec. Light\_\_\_\_, Garb/Rec\_\_\_\_

Are Taps Needed? Water \_\_\_\_\_ Sewer \_\_\_\_\_

Amount of Deposit Received \_\_\_\_\_ Deposit Amt. \$ \_\_\_\_\_

Notification Call: yes \_\_\_\_\_ no \_\_\_\_\_

Please list all occupants over 18 years old on back of application  
Please attach copies of Driver's License(s) and Lease Agreement or Deed

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

\_\_\_\_\_  
SPOUSE/PARTNER SIGNATURE