



TELL CITY UTILITIES APPLICATION FOR UTILITY SERVICES

Applicant must be present in person with proof of identification

APPLICANT NAME: _____
(Last) (First) (M.I.) Social Security/Taxpayer ID Number

CO-APPLICANT: _____
(Last) (First) (M.I.) Social Security/Taxpayer ID Number

SERVICE ADDRESS: _____
(Street Address) _____
(Apt./Lot No.) (City) (State) (Zip Code)

BILLING ADDRESS: _____
(If Different) (Street Address) _____
(Apt./Lot No.) (City) (State) (Zip Code)

TELEPHONE: HOME:() _____ CELL:() _____ WORK:() _____

EMERGENCY CONTACT: _____
(Name) (Phone #)

EMPLOYER/BUSINESS NAME: _____
ADDRESS: _____

ARE YOU RENTING THIS PROPERTY? Yes No Property Owner/Manager: _____

Property Owner/Manager Address: _____ Phone _____

#: _____

I AM 18 YEARS AGE OR OLDER No Yes (The Utility Office may ask for proof) DATE OF BIRTH: _____

ACCOUNT TYPE: RESIDENTIAL - Any single-family dwelling unit (house or apartment unit) being used strictly as a residence
 COMMERCIAL - Any building or home in which a business is being operated
 OTHER- _____

SERVICE(S) REQUESTED: Water Wastewater Trash Stormwater

DATE OF SERVICE CONNECTION: _____

EMAIL ADDRESS: _____

ACH: YES NO PAPERLESS BILLING: YES NO

APPLICANTS STATEMENT

I affirm that the foregoing responses are true and correct. I understand and agree that I am personally responsible for the payment of all lawful charges for utility services at the service address from and after the date of service connection requested herein, until the date on which I make written request for termination of services. I agree to pay all such lawful charges when due, and to pay all costs of collection and a reasonable attorney's fee in the event I fail to make payment

when due.

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature:
