

APPLICATION FOR UTILITY SERVICES

Name					Soc. Sec. #	
Name (spouse or room n	nate)			-	Soc. Sec. #	
Service Address						
Mailing Address, i.e. Post	: Office Box					
Home Phone				-	Cell Phone	
Employer				-	Employer Phor	ne
Previous Address		City			State	Zip
Do you RENT or OWN thi	is property?				-	
If you RENT, please list yo	our landlord's name, addr	ess, & phone	2			
persuant to the rules and	services, for the premisies I regulations of the City of f Duncombe to discontinu	f Duncombe.	I agree to pa			
Deposit Amount	\$150.00	-	Receipt Nu	mber		
additional deposit may b untimely payments. The applicable rules of the lo termination of services.	eposit is intended to guara e subsequently required i amount of deposit shall b wa State Commerce Comi If the deposit is less than City of Duncombe will refu	f the deposit be determine mission. I un my "final bill	is found insued in accordared in accordared in accordared in accordared in a conference in a c	ifficient and the second of th	nd the account l he City of Dunco osit will be appl ne balance due.	becomes marked by ombe service rules and lied to my account upon If the deposit is more
Applicant Signature			_	City of D	uncombe	