

Name: _____ Co-App: _____
 Service Address: _____ Acct No: _____
 Mailing Address: _____ Phone: _____

CITY OF MILTON-FREEWATER - UTILITY SERVICE APPLICATION

Applicant Information

 Name

 Drivers License # & State

 Social Security Number

 Date of Birth

 Employer and Employer phone

 email address

Co-Applicant Information

 Name

 Drivers License # & State

 Social Security number

 Date of Birth

 Employer and Employer phone

 email address

Previous services with the City of Milton-Freewater? _____ Yes _____ No
If yes, when and under what name? _____

REFERENCES: (People who would know how to contact you in the event of an electrical/water problem)

1. _____
 Name Address Relationship Phone
2. _____
 Name Address Relationship Phone

I agree to abide by the terms and conditions set forth in the City's ordinances, resolutions and policies regarding the use of and payment for utility services. I understand that failure to pay when due may be cause for penalty charges or disconnection, I affirm that the information given above is true and accurate to the best of my knowledge. I agree to provide changes to any of the information provided above as soon as they take place.

 Applicant's signature Date Co-Applicant's signature Date

Deposit Information:

Amount Required: \$ _____ Date Paid: _____
 Amount Applied: \$ _____ Date Applied: _____ FI or GC
 Amount Refunded: \$ _____ Date Refunded: _____ Ck# _____
 Termination Date: _____ Remaining Balance: \$ _____

Remarks:

