APPLICATION FOR UTILITY SERVICE

Service Address _____ Own _____ Rent _____

Name of Landlord _____ Mailing Address _____

Applicant One

Name _____ Social Security No. _____ Date of Birth _____

Home Phone _____ Cell Phone _____ Email _____

Current Employer _____ Employer Phone _____

Employer Address _____

Applicant Two

Name _____ Social Security No. _____ Date of Birth _____

Home Phone _____ Cell Phone _____ Email _____

Current Employer _____ Employer Phone _____

Employer Address _____

In case emergency services are required, and we are unable to locate you, please list a friend or relative we may contact.

Name _____ Relation _____ Phone _____

Address _____

I/we agree to pay for all utilities provided to me/us by the City of Williamsburg. If I/we fail to pay bills on a timely basis, I/we understand that utility service may be discontinued. Should I/we leave the City of Williamsburg service area with an outstanding balance due, or should my/our service be disconnected for non-payment, my/our deposit will be credited to said outstanding account, and the balance, if any, will be forwarded to me/us. I/we also understand the City of Williamsburg will utilize any and all means available to collect any unpaid balance, if any, remaining on my/our account. In case of a disconnection for non-payment, I/we understand that full payment of any outstanding balance up to and including the date of disconnection plus service charge will be required in order to have service reconnected at any location in the City of Williamsburg service area. I/we understand that in the event that the service location is being rented, my/our landlord may request information or be notified of the status of my/our account.

Signature Applicant One	Date	Signature Applicant Two	Date

FOR OFFICE USE ONLY

Application taken by _____ *Deposit Amount $*_____ *Deposit recorded on computer* _____ *Used for shut-off* _____

Customer Moved – Applied on Final Bill _____ *Date* _____ *Check #* _____

Customer Moved – Refunded Full Deposit _____ *Date* _____ *Check #* _____