



# RESIDENTIAL UTILITY ACCOUNT APPLICATION

*In addition to this form, a \$100 deposit and a copy of the accountholder's driver's license is required.*

<b>REQUIRED INFORMATION</b>	ACCOUNT		PARCEL			
	NAME		SPOUSE/OTHER OCCUPANT			
	SERVICE ADDRESS					
	MAILING ADDRESS (IF NOT THE SAME)					
	CITY		STATE		ZIP	
	PHONE		ALT PHONE		WORK PHONE	
	SSN (SELF)	SSN (SPOUSE/OTHER)		DOB (SELF)		DOB (SPOUSE/OTHER)
	DATE SERVICE TO BE TURNED ON		EARLIEST AVAILABLE (NEXT BUSINESS DAY)		OTHER	
<b>NOTIFICATION</b>	BY PROVIDING MY E-MAIL ADDRESS BELOW, I UNDERSTAND I WILL AUTOMATICALLY BE ENROLLED IN E-NOTIFICATIONS, TO RECEIVE IMPORTANT UPDATES FROM THE CITY OF SMITHVILLE.					
	E-MAIL ADDRESS					
<b>SIGNATURE</b>	I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE AND THAT THE SERVICES APPLIED FOR WILL BE USED IN ACCORDANCE WITH THE ORDINANCES OF SMITHVILLE. THE SIGNATURE BELOW SHALL CERTIFY THAT I HAVE AND WILL MAINTAIN DURING THE USE OF THIS SERVICE, FINANCIAL RESPONSIBILITY WITH RESPECT TO THIS ACCOUNT.					
	SIGNATURE					