

City of Garretson ~ Utility Service Application

APPLICANT 1

Social Security Number _____ - _____ - _____ **Please Circle One:** Rent or Own

Name: First _____ Middle _____ Last _____

Home Phone Number: (_____) _____ E-mail Address: _____

Cell Phone Number: (_____) _____ Fax Number:(_____) _____

Work Phone Number:(_____) _____ Tax ID Number (If Applicable): _____

Employer: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

APPLICANT 2

Social Security Number _____ - _____ - _____

Name: First _____ Middle _____ Last _____

Home Phone Number: (_____) _____ E-mail Address: _____

Cell Phone Number: (_____) _____ Fax Number:(_____) _____

Work Phone Number:(_____) _____ Tax ID Number (If Applicable): _____

Employer: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

SERVICE INFORMATION

Service Address: Street: _____ Apt. #: _____ City: _____

Billing Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

Date Service is to begin: Month: _____ Day: _____ Year: _____

I will allow my name, address, phone number to be released to the **Garretson Greeters Welcome Committee**.
Signature: _____ Date: _____

I have requested Utility Service(s) from the City of Garretson and I will be responsible for paying the monthly fees and penalties that would be applicable if the Utility Bill is not paid by the due date and time specified on the bill. I also understand that this application for credit will be held in private by the City of Garretson and will not be made available to anyone but the City of Garretson.

Applicant 1: Signature: _____ Date: _____

Applicant 2: Signature: _____ Date: _____