

OFFICE USE	Name: _____	Co-App: _____
	Service Address: _____	Account No.: _____
	Mailing Address: _____	Phone: _____

CITY OF MILTON-FREEWATER - UTILITY SERVICE APPLICATION

Applicant Information

Co-Applicant Information

Name → _____	Name → _____
Drivers License # & State → _____	Drivers License # & State → _____
Social Security number → _____	Social Security number → _____
Date of Birth → _____	Date of Birth → _____
Employer and Employer phone → _____	Employer and Employer phone → _____
Other names used → _____	Other names Used → _____

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 _____
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Deposit information:

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

Remarks:

