

CITY OF BUTLER

APPLICATION FOR UTILITIES SERVICE APPLICANT

NAME: _____

SS#: _____

ADDRESS: _____

DOB: _____

APT. #: _____

PHONE#: _____

LIST ADDITIONAL OCCUPANTS OVER 18

EMAIL: _____

IF YOU ARE RENTING-THE NAME OF THE OWNER

DO YOU WISH THAT PERSONAL INFORMATION PROVIDED ON THIS APPLICATION FORM BE KEPT CONFIDENTIAL?

YES _____ NO _____

REFERENCE INFORMATION

LOCATION OF LAST UTILITIES SERVICE

TYPE OF SERVICE (ELECTRIC, GAS, WATER, ETC.): _____

IN THE NAME OF: _____

ADDRESS: _____ CITY: _____

NAME OF COMPANY THAT FURNISHED SERVICE: _____

REFERENCES

BANK: _____

NEAREST RELATIVE/FRIEND NAME & PHONE #

YOUR EMPLOYER: _____

DEPOSIT AMOUNT: _____

RECEIVED BY: _____

I HEREBY APPLY FOR UTILITY SERVICE AS DESCRIBED ABOVE AND AGREE TO COMPLY WITH ALL ORDINANCES, RULES, OR POLICIES PRESCRIBED BY THE CITY OF BUTLER, APPLICABLE TO THE FURNISHING OF UTILITY SERVICE. I UNDERSTAND THAT COPIES OF THE CITY'S UTILITY BILLING AND COLLECTION POLICY ARE ON FILE IN THE UTILITY OFFICE FOR MY REVIEW. THE CITY OF BUTLER HAS THE RIGHT TO DISCONNECT SERVICE IF FALSE INFORMATION IS PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT THIS COPY IS MY RECEIPT AND MAY BE REQUIRED TO BE PRESENTED IN ORDER TO OBTAIN A REFUND OF MY DEPOSIT. I UNDERSTAND THAT DEPOSITS WILL BE APPLIED TO MY FINAL BILL AND ANY DELINQUENT CITY PERSONAL PROPERTY TAXES SHALL BE PAID PRIOR TO RECEIVING THE BALANCE OF MY UTILITY DEPOSIT.

ACCOUNT#: _____

DATE: _____

SIGNATURE: _____ APPLICATION ACCEPTED BY: _____

VERIFICATION FROM PROPERTY OWNER

PROOF OF UTILITY TRANSFER TO: _____ APT.#: _____

(TENANT)

SIGNATURE: _____ DATE: _____

(LANDLORD)

*SIGNATURE OF PROPERTY OWNER IS REQUIRED WITHIN (10) DAYS OF THE DATE OF APPLICATION OR SERVICE SHALL BE DISCONTINUED.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO SECURE THE PROPERTY OWNER'S SIGNATURE AND SUBMIT TO THE CITY IN A TIMELY MANNER.