

Account # _____

Deposit Rcv'd _____
Amount \$ _____
Not Required

**CITY OF ALTAMONT
APPLICATION FOR UTILITY SERVICE**

ALL BLANKS MUST BE COMPLETED BEFORE SERVICES WILL BE PROVIDED

PLEASE PRINT

Name: _____ Name: _____
(maiden name) (maiden name)

SS# _____ SS# _____

Drv. Lic # _____ Drv. Lic. # _____

Date of Birth _____ Date of Birth _____

Employer _____ Employer _____

Previous Address _____ Previous Address _____

Service Address: _____ Mailing Address: _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Name of all other occupants at this residence: _____
_____ Nearest relative NOT living with applicant: _____

We/I the undersigned agree to comply with the ordinances, regulations, and policies of the City of Altamont. WE/I HEREBY ACKNOWLEDGE AND AGREE THAT PAYMENTS WILL BE MADE ON THIS ACCOUNT IN ACCORDANCE WITH THE TERMS ON THE MONTHLY STATEMENT AND TO PAY ANY LATE PAY PENALTIES OR RECONNECT FEES AS ASSESSED. IN THE EVENT PAYMENT IS NOT MADE PROMPTLY AND IT BECOMES NECESSARY TO INSTITUTE COLLECTION PROCEDURES INCLUDING LITIGATION, WE/I AGREE TO PAY REASONABLE FEES PLUS OTHER COSTS NECESSARILY INCURRED IN THE COLLECTION OF THIS ACCOUNT. IN THE EVENT WE ARE IN RECEIPT OF A DISCONNECT NOICE, I/WE AGREE THE CITY WILL BE DISCLOSING ACCOUNT INFORMATION TO THE LANDLORD.

I HAVE READ AND UNDERSTAND THE ABOVE AND THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE RECEIPT OF A COMPLETED COPY OF THIS APPLICATION AND COPIES OF THE CITY'S COLLECTION POLICY AND STATEMENT OF PURPOSE OF COLLECTION OF SOCIAL SECURITY NUMBERS .

Signature Date

Signature Date