

**CITY OF ALTAMONT**  
**APPLICATION FOR UTILITY SERVICE**

|                     |
|---------------------|
| Deposit Rcv'd _____ |
| Amount \$ _____     |
| Not Required        |

ALL BLANKS MUST BE COMPLETED BEFORE SERVICES WILL BE PROVIDED  
PLEASE PRINT

**Business Information**

**Owner Information**

|                        |                              |
|------------------------|------------------------------|
| Company: _____         | Name: _____<br>(maiden name) |
| DBA _____              | SS# _____                    |
| Location _____         | Drv. Lic. # _____            |
| City, State, Zip _____ | Date of Birth _____          |
| FEIN# _____            | Home Address _____           |

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|                        |                        |
|------------------------|------------------------|
| Service Address: _____ | Mailing Address: _____ |
| City, State, Zip _____ | City, State, Zip _____ |
| Phone _____            | Phone _____            |

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Intended business usage: \_\_\_\_\_

Account # \_\_\_\_\_ Electric Meter # \_\_\_\_\_ Water Meter # \_\_\_\_\_

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 THE DISCONNECT TO THE PROPERTY OWNER.

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.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date