

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: _____ (maiden name)
DBA _____	SS# _____
Location _____	Drv. Lic. # _____
City, State, Zip _____	Date of Birth _____
FEIN# _____	Home Address _____

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

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