

City of Rushford

Utility Service Application

Applicant hereby applies for service with the City of Rushford for the purpose of receiving electricity and other services from the City and agrees?

- He/She is at least 18 years of age and all information provided is complete and accurate.
- To immediately notify the City of any changes to this information.
- To be responsible for the utility account(s) from the connect date to the time the City is notified to discontinue service
- Service will not be activated until applicable meter deposit is paid.
- Service will not be activated until any past due accounts are paid in full.

Name of Primary Applicant _____

Name of Co-Applicant _____

Service Address:

Street address	City, State, Zip
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Mailing Address if different than service address:

Street Address	P.O. Box	City, State, Zip
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Previous Utility Provider _____

Home Phone #(_____) _____ Primary Cell Phone (_____) _____

Primary Drivers License # _____ Primary SS# _____

Primary Employer _____ Primary Work Phone #(_____) _____

Co-Applicant Cell Phone #(_____) _____ Co-Applicant Drivers License # _____

Co-Applicant SS# _____

Co-Applicant Employer _____ Co-Applicant Work Phone #(_____) _____

List names of other adults (18 years of age or older) living at this location:

() Own () Rent If renting or leasing, property owners name and address _____

Applicant(s) understand utility bills are due in full by the 20th of each month. A 10% penalty is applied to past due balances and service may be disconnected for failure to make prompt payment. By signing this agreement, Applicant(s) accept the provisions contained herein. Signature of Applicants should include both parties for a joint account, and all partners in a partnership. Joint applicants and/or partners of Applicant agree to be individually responsible for this account.

Both signatures are required for a joint application

X _____

Print Name	Signature	Date
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X _____

Print Name	Signature	Date
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