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.

1) Name(s) on Account _____

2) Service Address   Mailing address if different than service address

_____   _____   _____
Street address   PO Box   City, State, Zip

(3) Home Phone # (____)_____ (4) Previous Utility Provider_____

(5) Cell Phone # (____)_____ (6) Drivers License # _____

(7) SS # _____ (8) Employer _____

(9) Work Phone #(____)_____ (10) Joint Name Employer _____

(11)_____ (_____)_____
Nearest Relative Not Living With You Relationship   City, State, Zip   Phone

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

_____

(13) ( ) Own ( ) Rent
If renting or leasing, Property Owner's 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.

<u>Both signatures are required for a joint application</u>

X _____   _____   _____
Print Complete Name   Signature   Date

X _____   _____   _____
Print Complete Joint Name   Joint Signature   Date