

**TOWN OF SPRING HOPE
UTILITY SERVICE AGREEMENT**

DATE: _____

CLERK: _____

ACCOUNT NUMBER: _____

NAME OF CUSTOMER: _____

SOCIAL SECURITY: _____

DRIVER'S LICENSE NUMBER: _____

PHONE NUMBER: (HOME) _____ (WORK) _____ (CELL) _____

DATE OF BIRTH: _____

CO-APPLICANT: _____

SOCIAL SECURITY: _____

DRIVER'S LICENSE NUMBER: _____

PHONE NUMBER: (HOME) _____ (WORK) _____ (CELL) _____

DATE OF BIRTH: _____

SERVICE ADDRESS: _____ RENT _____ BUY _____

LANDLORD _____

BILLING ADDRESS: _____

EMPLOYER: _____

EMPLOYER'S PHONE: _____

EMPLOYER'S ADDRESS: _____

REFERENCE: _____

PHONE: _____ RELATIONSHIP: _____

ADDRESS: _____

UTILITIES APPLIED FOR: WA GA SW

DEPOSITS:

WATER \$150.00

CONNECTION FEE \$ 50.00

BANK: _____

TOTAL AMOUNT DUE: \$200.00

TOTAL AMOUNT PAID: _____

DATE PAID: _____

***ARE YOU INTERESTED IN YOUR BILL BEING DRAFTED EACH MONTH? (IF YOU CHOOSE TO BE ON DRAFT, WE WILL WAIVE THE \$50.00 CONNECTION FEE TODAY)

TO INDUCE TOWN TO ACCEPT THIS APPLICATION AND PROVIDE UTILITIES TO CUSTOMER, CUSTOMER AGREES TO COMPLY WITH TOWN RULES AND REGULATIONS AND TO PROMPTLY PAY FOR ALL UTILITIES RECEIVED.

CUSTOMER: _____ DATE: _____