

ACCOUNT NUMBER: \_\_\_\_\_

CLERK: \_\_\_\_\_

# TOWN OF SPRING HOPE

## Utility Service Agreement

TODAY'S Date: \_\_\_\_\_

Date to ACTIVATE Service: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Driver License #/ID: \_\_\_\_\_

PHONE #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_

EMPLOYER'S Name: \_\_\_\_\_

Employer's PHONE: \_\_\_\_\_

Employer's ADDRESS: \_\_\_\_\_

NAME OF CO-APPLICANT: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Driver License #/ID: \_\_\_\_\_

PHONE #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_

EMPLOYER'S Name: \_\_\_\_\_

Employer's PHONE: \_\_\_\_\_

Employer's ADDRESS: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

How many people live in your house? \_\_\_\_\_

**Is this a new business account? \_\_\_ If yes, have you obtained zoning approval from the Town Manager? \_\_\_**

**Have you, your spouse or household member ever lived in Spring Hope or had a Spring Hope water account before? Yes \_\_\_ No \_\_\_**

BILLING ADDRESS: \_\_\_\_\_

REFERENCE: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**\*Are you interested in having your bill payment automatically DRAFTED from your bank account each month? \_\_\_YES \_\_\_NO**

*(NOTE: Bank drafts are drawn on the 15<sup>th</sup> of each month. If you opt to have your monthly bill electronically drafted from your bank account, we will WAIVE the \$75.00 CONNECTION FEE today.)*

**NOTE: If YES, a completed, signed Bank Draft Authorization form is required to activate this free service.**

***To induce the Town of Spring Hope to accept this service application and provide requested utilities, Customer hereby agrees to comply with all town rules and regulations and to promptly pay for all utility services received.***

\*\*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

UTILITIES APPLIED FOR: WA GA SW CI

#### FEES:

WATER: DEPOSIT \$ 200.00 (Refundable)  
CONNECTION FEE \$ 75.00 (Non-Refundable)

Voided Check Provided by Customer: Y N  
Homeowner/ Deposit Waived: Y N  
Connection Fee Waived: Y N  
Zoning Permit if required: Y N

TOTAL DUE: \$ \_\_\_\_\_

TOTAL AMOUNT PAID: \$ \_\_\_\_\_ Date PAID: \_\_\_\_\_ Paid by: Cash MC VISA Check # \_\_\_\_\_

“This institution is an equal opportunity provider”

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**FOR OFFICE USE ONLY**

1. \_\_\_ Utility Service Agreement completed
2. \_\_\_ Copy of Driver's License
3. \_\_\_ Social Security # Verified
4. Deposit: \_\_\_ PAID \_\_\_ WAIVED
5. Connection Fee: \_\_\_ PAID \_\_\_ WAIVED
6. Bank Draft? \_\_\_ Yes \_\_\_ No
7. \_\_\_ Bank Draft Authorization received
8. \_\_\_ Rates/Info sheet given to customer
9. \_\_\_ Resident's Guide given to customer
10. \_\_\_ Added to PHONE TREE
11. \_\_\_ Water turned ON
12. \_\_\_ Bank Draft Info added to account
13. \_\_\_ Scanned to computer
14. \_\_\_ Attached to account