

CITY OF CLAFLIN
UTILITY SERVICE APPLICATION

NAME: _____ SPOUSE NAME: _____

LOCATION FOR SERVICE: _____ DATE: _____

ADDRESS: _____ TELEPHONE #: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

PREVIOUS ADDRESS: _____ CITY & STATE: _____

DRIVERS LICENSE #: _____ EMAIL ADDRESS: _____

EMPLOYED BY: _____ ADDRESS: _____

SPOUSE EMPLOYER: _____ ADDRESS: _____

NAME & CITY OF 3 PREVIOUS UTILITY COMPANIES OF SERVICE FOR REFERENCE:

1. _____ 2. _____ 3. _____

Utility service will not be provided until form is completed.

I authorize investigation of all statements and references contained herein and information concerning credit history and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I certify that above facts are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for disconnection.

SIGNATURE: _____ DATE: _____