

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Account type: ☐ Residential☐ RVsOwnership: ☐ Own ☐ Rent☐ Commercial

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**Applicant Information*****Residential***Primary Applicant Name: \_\_\_\_\_  
LAST FIRST MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Co-applicant Name: \_\_\_\_\_  
LAST FIRST MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant Information****Commercial**

Legal Business Name: \_\_\_\_\_

Date Business Established: \_\_\_\_/\_\_\_\_/\_\_\_\_ EIN: \_\_\_\_ - \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_  
LAST FIRST MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Point of Contact Name: \_\_\_\_\_

**Landlord Information*****If property owner information doesn't match the applicant information, this section must be completed.***Property Owner's Name: \_\_\_\_\_  
LAST FIRST MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Landlord Continued**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Property Information**Physical Address: \_\_\_\_\_  
NUMBER STREET NAME911 Address: \_\_\_\_\_  
(If Different from Above) NUMBER STREET NAME

Parcel ID: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

**METER INSTALLATION DETAILS****FOR OFFICE USE**

Meter Number: \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_

Install Reading: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Install Date: \_\_\_\_\_

Final Reading Date: \_\_\_\_\_

☐ Deposit applied to balance

Refund Amount: \$ \_\_\_\_\_

☐ Charge off account

Check Number: \_\_\_\_\_

☐ Filed with collection agency

Account Number: \_\_\_\_\_