

Village of Bartley
New Customer Information----Application for Utilities

Date: _____

Name of Customer (Customer Responsible for Bills) _____

Customer Mailing Address _____

Customer Drivers License Number _____

Customer Social Security Number _____

Customer Phone Number _____

Customer Cell Phone Number _____

Customer Employer _____

Customer Employer Phone Number _____

Customer Date of Birth _____

Name of Property Owner _____

Rent/Home or Business Y or N

Own Home/Business Y or N

In case of emergency notify _____ phone: _____

Previous Address _____

City _____ State _____ Zip Code _____

Date Lived There From _____ To _____

Name of Company you purchased Utilities from _____

AS A CONDITION OF SERVICE I AGREE TO SET UP A MAILING ADDRESS WITH THE POST OFFICE

Applicant Signature _____

For Office Use Only

Zip Code _____

Security Deposit _____

Date Paid _____

Address for Service _____