



Service Request Application

Are you a previous customer? Yes () No () If yes, where? _____

Name(s) _____

Property Location _____

(City)

(State)

(Zip)

Mailing Address _____

(City)

(State)

(Zip)

Primary Phone _____ Other Phone _____

How would you like to receive notices and alerts? Text () Call ()

Rent () Own () Other () _____

If Rent: Property Owners Name: _____ Phone _____

Last 4 Digits of SSN _____

Applicants place of employment _____

Name of Spouse _____ Phone _____

List any authorized users who may inquire/make changes to account.

Email Address _____

Would you like to sign up for e-bills? Yes () No ()



The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate you in any way. However, if you choose not to furnish it, we are required to not the race, ethnicity and sex of applicants on the basis of visual observation or surname.

<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: (Mark all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

I hereby authorize service to be established in my name at the above property location and agree to pay for service until discontinued by my request in writing. I understand that this application is accepted subject to the availability of service at this location.

Applicants signature(s)_____

Date _____

Non-Discrimination Statement:

This institution is an equal opportunity provider and employer.