

**APPLICATION FOR UTILITY SERVICE
CITY OF TECUMSEH - DEPARTMENT OF UTILITIES**

APPLICANT'S PERSONAL INFORMATION

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____

STATE WHERE ISSUED: _____

ALTERNATIVE I.D. NO.: _____

ALTERNATIVE I.D. TYPE: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____

HOME PHONE NO.: _____

CELL PHONE NO.: _____

EMAIL ADDRESS: _____

EMPLOYED BY: _____

EMPLOYER LOCATION: _____

WORK PHONE NO.: _____

SPOUSE'S/CO-HABITANT'S PERSONAL INFORMATION

NAME: _____

CELL PHONE NO.: _____

EMPLOYER/LOCATION: _____

WORK PHONE NO.: _____

ALTERNATE CONTACT-IF YOU ARE UNAVAILABLE

NAME (FIRST/LAST): _____

PHONE NO.: _____

MAILING ADDRESS-IF DIFFERENT FROM STREET

P.O. BOX: _____

STREET ADDRESS: _____

"MOVING FROM" INFORMATION-IF IN TOWN

STREET ADDRESS: _____

DISCONNECT DATE:

"MOVING TO" INFORMATION

STREET ADDRESS: _____

CONNECT DATE:

LANDLORD'S NAME: _____

LANDLORD'S PHONE #: _____

LANDLORD'S MAILING ADDRESS:

P.O. BOX: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

TRASH TYPE 95-gal senior rate

I understand that I, and my spouse if I am married, am responsible for any and all charges that I incur.

DATE: _____

APPLICANT'S SIGNATURE

NOTE: ALL APPLICANTS WILL BE CHARGED A NONREFUNDABLE \$25.00 CONNECT FEE.

I PREFER TO RECEIVE MY BILL BY:

EMAIL:

MAIL: