

HOPKINTON MUNICIPAL UTILITIES

APPLICATION FOR RESIDENTIAL UTILITY SERVICE

(Residential Only)

PLEASE PRINT CLEARLY

Name: Last First Middle	Social Security # / /	Drivers License # and State
(Spouse / Joint Tenant): Last First Middle	Social Security # / /	Drivers License # and State
Date of Birth (self): / /	Age (self):	Date of Birth (spouse): / /
Mailing Address:	Home Phone # ()	Service Address:
City State Zip	Service Phone #	City State Zip
Mark one Previous Account with City () Yes () No	Mark one Own () Rent ()	
Landlords Name:	Landlords Address:	Landlords Phone #
Any and all information about this rental property account may be shared with the landlord; including any unpaid billing amounts.		
Applicants Employer:	Employers Address:	Employers Phone #
Spouses Employer:	Employers Address:	Employers Phone#
FOR OFFICE USE ONLY:		
Water	Sewer/Garbage	Electricity
Deposit Amount:		
Total Amount of Deposit:	Date Service to Begin:	Non-Refundable Service Fee:

I understand that I may terminate services by giving notice to the utility department and provide my SS# for verification purposes. I also understand that if I do not give notice as prescribed above, I shall be liable for services provided until notice is received. I understand that my service deposit is not refundable until I terminate service. Information contained herein may be used for collection purposes if deemed necessary.

Signature:
(Please read and sign)

Date:

Signature:
(Please read and sign)

Date: