

## 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 #
Applicants Employer:		Employers Address:	Employers Phone #
Spouses Employer:		Employers Address:	Employers Phone#
<b>FOR OFFICE USE ONLY:</b>			
Deposit Amount:	Water	Sewer/Garbage	Electricity
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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please read and sign)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please read and sign)