HOPKINTON MUNICIPAL UTILITIES
APPLICATION FOR RESIDENTIAL UTILITY SERVICE
(Residential Only)

PLEASE PRINT CLEARLY

Last First Middle Name:	Social Security # / /	Drivers License # and State
Last First Middle (Spouse / Joint Tenant):	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: **Any and all information about this rental property account may be shared with the landlord; including any unpaid billing amounts.**	Landlords Address:	Landlords Phone #
Applicants Employer:	Employers Address:	Employers Phone #
Spouses Employer:	Employers Address:	Employers Phone#
FOR OFFICE USE ONLY:		
Water Deposit Amount:	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)