

UTILITIES SERVICE APPLICATION

APPLICATION FOR SERVICE AT: _____

DATE SERVICE TO BEGIN: _____

MAIL BILLS TO _____

Check One: _____ Rent _____ Own _____ Buying on Contract

Check One: _____ Residential _____ Commercial

Applicant's Name (Last, First, Middle) _____

Maiden Name or Other Name Known As _____

Date of Birth (Month, Day, Year) _____ **Phone #** _____

Social Security # _____ **Driver's License or I.D. #** _____

Employer _____ **How Long** _____ **Phone #** _____

Previous Address _____ **How Long** _____

Names of All Persons Living in this Residence _____

Co-Applicant Information

Name _____

Social Security # _____ **Drivers License or I.D. #** _____

Employer _____ **How Long** _____ **Phone #** _____

Commercial Business Information

If Business D/B/A _____ **FED ID #** _____

Position Held _____ **Phone #** _____

Mailing Address _____

ADDRESS CHANGE:

DATE	ADDRESS	PREMISE	SIGNATURE

Office Use Only - CONSUMER ACCOUNT # _____

Emergency Contact Information/

Nearest Relative Not Living With You: Name _____

Address _____ Phone# _____

Relationship _____

Landlord Information

Name _____ **Phone #** _____

Address _____

**THIS APPLICATION MUST BE SIGNED BY THE PERSON(S) TO BE HELD
LIABLE FOR THIS UTILITY BILL, AND A PHOTO ID OF THE PERSON
SIGNING THIS APPLICATION MUST BE PROVIDED SO A COPY OF IT
MAY BE RETAINED.**

The undersigned applicant for gas, water, sewer, refuse service states the information provided on the application for city utilities is true and accurate to the best of applicant's knowledge. Applicant also understands that all charges are due as billed and accepts total responsibility for payment of all charges incurred for the services provided, including reasonable attorney's fees and costs incurred for collection of the unpaid balance. Applicant also understands that if married, the applicant's spouse is equally liable for all charges incurred.

Applicant _____ Date _____

Co-Applicant _____ Date _____

PAYMENT HISTORY DISCLOSURE AUTHORIZATION

I have made these disclosures freely and voluntarily and with full knowledge that any and all information provided shall be used for sharing purposes with any agency from which I may apply later for assistance. Information on this application may be discussed with or additional information sought from any other person(s) or entity in order to make an accurate determination of my eligibility. By this consent I shall hold the City of Lyons harmless for any liability that may incur as a result of any disclosure made within the bounds of my consent and authorization.

Applicant _____ Date _____

Co-Applicant _____ Date _____