

Application For Utility Service
SECTION-DUTTON WATER BOARDS

Applicant's Name _____

Service Address _____

Date Service Needed _____

Mailing Address (If different than service location) _____

Have you ever had utility service with us? _____ If so under what name? _____

Home Phone # _____ Cell # _____ Work # _____

Driver's Lic. # _____ Social Security # _____ Date of Birth _____ / _____ / _____

Marital Status: Married _____ Divorced _____ Widowed _____ Single _____ Separated _____

Employer _____

Address of Employer _____

Spouse's Name (If occupying premises) _____

Children's first & last name _____ Name _____ Date of Birth _____ Social Security # _____

Other Occupants _____ Date(s) of Birth _____ Social Security # _____ Relationship _____

Total number who will occupy the unit _____ Renting _____ Buying _____

If renting, name of owner / landlord _____

Address _____ (Copy of rent receipt required)

Type of Service: Residential _____ Commercial _____ Industrial _____
 (check one) Agriculture _____ School _____ Non-profit _____

If two or more individuals share a residence, one person must sign as applicant and others as co-applicant(s). Both will be responsible for the bill. The board reserves the right to require any unpaid balance by either/or both applicants to be paid prior to issuance of service. A deposit will be required at the time of application.

I certify that I am the proposed occupant and that the answers given here are true and accurate in all respects to the best of my knowledge. I understand that a credit check will be run on all occupants and deposit applied accordingly.

Signature of applicant _____ Date _____

Signature of co-applicant _____ Date _____

Please check appropriate boxes:

American Indian / Alaskan Native <input type="checkbox"/>	African American <input type="checkbox"/>	Native Hawaiian <input type="checkbox"/>	Male <input type="checkbox"/>
Hispanic / Latino <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	

This information is requested for USDA requirements and is for statistical purposes only.

For office use only: Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Withdrawn <input type="checkbox"/>
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Form: 12-14-12

This Institution is an equal opportunity provider

