



APPLICATION & AGREEMENT FOR UTILITY SERVICE

PLEASE PRINT

CURRENT INFORMATION

Owner Renter

Date: Move In/Possession Date:

Name:

Address You Are Moving Into:

Landlord Name & Phone Number:

Address You Would Like Your Bills Mailed to:

Phone/Cell Number: Social Security Number:

Date of Birth: Driver's License #: State Number

Have you or your spouse/roommate ever had service from the City of Manchester before? Yes No

If yes, under what name(s): Address(es): Approximate date(s):

Person(s) authorized to make changes on this account:

Please provide your prior address:

Alternate Contact & Phone Number:

Any all services provided shall be subject to the regulations, policies, rates, and charges of the City of Manchester.

The initial deposit paid prior to providing service is to be considered minimum for a service deposit.

The applicant shall be responsible for all proper utility charges for service provided to this location until notification is received from the applicant of his proper authorized representative to discontinue service.

Service may be denied or discontinued if it is determined that the applicant or any person residing at the service location owes uncollected utility bills or has other indebtedness due to the City of Manchester.

By signing this application for utility service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills.

THIS IS A CONTRACTUAL AGREEMENT: The above information is complete and correct to the best of my knowledge. I hereby authorize the City of Manchester, or its agent, to conduct an investigation concerning information relating to utility service.

DATE

SIGNATURE OF APPLICANT

CITY OFFICE USE ONLY

Account Number: Clerk's Initials:

Notes: