

FIRST UTILITY DISTRICT OF HARDIN COUNTY

APPLICATION FOR SERVICE

(SERVICE WILL NOT BE CONNECTED UNLESS THIS FORM IS FILLED OUT COMPLETELY)

Applicant's Name (Please Print) _____

2ND (Spouse) Applicant's Name (Please Print) _____

First, Middle, Last

First, Middle, Last

Service Address _____

Billing Address _____

Street, Route or Box

City

State

Zip + 4 No.

Start-up date: _____

Phone No. _____

Driver's License No. _____

2nd Phone No. _____

Social Security No. _____

2nd Social Security No. _____

Employer: _____

Employer: _____

E-Mail Address _____

In case of emergency notify: _____

Name

Relationship

Phone #

CONSUMER INFORMATION:

Do you own property where service is requested? Yes _____ No _____

If No, who does? _____

Have you received service from First Utility District before?

Yes _____ No _____ When _____ Location _____

What name was service in? _____

SERVICE INFORMATION:

Classification: Residential _____ Commercial _____ Sprinkler System _____

Residential: House _____ Apt. _____ Mobile Home _____

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AGREEMENT: The applicant hereby agrees to comply and be bound with and be subject to all applicable Federal and State Laws and Utility Department Rules & Regulations.

I, the undersigned, do hereby understand and agree to the above requirements.

Signature of Applicant

Date

2nd Applicant's Signature

Date