

**City of George – Residential Utility Service Application****APPLICANT INFORMATION**

Name:		Utility Start Date:	
SSN:	DL #:	Phone:	
Address for Service:		Cell Phone:	
PO Box:	City:	State:	
Own    Rent (Please circle)	# of Occupants:		
Previous address:			
City:	State:	ZIP Code:	
Owned            Rented (Please circle)	Name of Spouse (If applicable):		

**EMPLOYMENT INFORMATION**

Current employer:			
Employer address:		How long?	
Phone:		E-mail:	
City:	State:	ZIP Code:	

**EMERGENCY CONTACT**

Emergency Contact:		Cell Phone:	
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			

**CO-APPLICANT (OR SPOUSE) INFORMATION, FOR A JOINT ACCOUNT**

Name:		Cell Phone:	
SSN:	DL #:	Phone:	

**CO-APPLICANT EMPLOYMENT INFORMATION**

Current employer:			
Employer Phone		How Long?	

**ALTERNATE MAILING ADDRESS (If you want your bill to be mailed elsewhere)**

Name:	Address	City/Zip:
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**LANDLORD INFORMATION (IF APPLICABLE)**

Landlord Name			
Landlord Address:		Phone:	
City:	State:	ZIP Code:	

*The undersigned hereby agrees to comply with the rules and regulations of the City of George.*

Signature of applicant	Date
Signature of City Clerk	Date