



Name (Last, First, M.I.)		Date of Application:
Service Address:		Mailing Address:
E-Mail Address:	<input type="radio"/> Owner <input type="radio"/> Renter	If renting landlords name and phone number:
Applicant DL Number:	Applicant SS Number:	Applicant DOB:
Home/Cell Phone Number:	Work Phone Number:	Spouse Name:
Spouse DL Number:	Spouse SS Number:	Spouse DOB:
Applicant Employer Name, Address, and Phone Number:		Years of Employment:
Spouse Employer Name, Address, and Phone Number:		Years of Employment:
Emergency Contact: In case of emergency who should we contact? Someone not living at service address.		
Emergency Contact Name:	Phone Number:	Address:
Have you or anyone living here previously had an account with us?		
<input type="radio"/> Yes <input type="radio"/> No	If Yes, When?	Under what Name?
EMS Membership Program: Emergency service for all occupants. The cost is \$5 a month, which will appear on your utility bill. (Changes to enrollment can be made each May)		

-Office Use Only-

Application Date:	Date Requested for service:	Application Taken By:
Account Number:	<input type="radio"/> Owner <input type="radio"/> Renter <input type="radio"/> Landlord	<input type="radio"/> Gas Meter Liability Form
<input type="radio"/> Gas Deposited (\$130.00)	<input type="radio"/> Cash <input type="radio"/> Check# <input type="radio"/> Credit	Receipt/ Confirmation #
<input type="radio"/> Water Deposited (\$50.00)	<input type="radio"/> Cash <input type="radio"/> Check# <input type="radio"/> Credit	Receipt/ Confirmation #
<input type="radio"/> Sanitation Deposited (\$15.00)	<input type="radio"/> Cash <input type="radio"/> Check# <input type="radio"/> Credit	Receipt/ Confirmation #
EMS Subscription: <input type="radio"/> Accepted <input type="radio"/> Declined	Poly Cart already at home? <input type="radio"/> Yes <input type="radio"/> No	