

**CITY OF NEW STRAWN
APPLICATION FOR UTILITIES**

Service Beginning Date: _____

Home/Cell Phone: _____ **Work Phone:** _____

Name(s) of Responsible Party: _____

Maiden/AKA Name: _____

Service Address: _____

Mailing Address: _____

Previous Address: _____

Do you: Own Rent (circle one) Landlord's Name: _____

Date of Birth: _____ **Social Sec. #:** _____

Driver's License #: _____ **Occupation:** _____

Employer: _____

Spouse's Name: _____

YOU MUST PROVIDE A PHOTO I.D. TO RECEIVE SERVICE

TO ESTABLISH ACCOUNT YOU MUST PAY THE FOLLOWING:

CONNECTION FEE: \$120.00 (NON-REFUNDABLE)

TOTAL FOR NEW SERVICE: \$120.00

Amount Paid: _____ **Date Received:** _____ **Check #** _____

Account #: _____ **Meter #:** _____ **Location** _____

Beginning Meter Reading: _____ **Sequence #** _____

Trash _____ **Sewer** _____ **Recycling** _____

Notes _____
