



**PETERSBURG BOROUGH
APPLICATION FOR UTILITY SERVICES**

FORMS NOT FULLY COMPLETE MAY DELAY CONNECTION OF SERVICES

Do you have an existing account? Yes

Do you want to receive one statement for multiple addresses? Yes

Are you a renter at this location? YES

Are you the owner of this location? YES

LANDLORD NAME:

Would you like your statement emailed? YES

NAME-PRIMARY APPLICANT

DATE

LOCATION OF SERVICE (STREET NAME, APT #, SPACE #, STALL #)

MAILING ADDRESS FOR BILLING

CITY, STATE, ZIP

TELEPHONE NUMBER

EMAIL ADDRESS

NAME-CO-APPLICANT

DATE

LOCATION OF SERVICE (STREET NAME, APT #, SPACE #, STALL #)

MAILING ADDRESS FOR BILLING

CITY, STATE, ZIP

TELEPHONE NUMBER

MESSAGE NUMBER

WOULD YOU LIKE THIS ACCOUNT SET UP ON AUTOPAY? (ADDITIONAL FORM NEEDS TO BE FILLED OUT) YES

UTILITY SERVICES TO CONNECT:

PMT
METHOD

CK

CASH

C/C

SERVICE:	ELECTRIC <input type="checkbox"/>		WATER <input type="checkbox"/>		SEWER <input type="checkbox"/>		GARBAGE/ SIZE <input type="checkbox"/>
	\$			\$			

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS THE OWNER/LEASEE/TENANT OF THE PREMISES WHERE SERVICE IS APPLIED FOR WITH LAWFUL AUTHORITY TO SIGN THIS APPLICATION FOR UTILITY SERVICE AND AGREES TO PAY THE APPLICABLE RATES AND ABIDE BY THE TERMS AND CONDITIONS AS PRESCRIBED BY THE BOROUGH ORDINANCE AND UTILITY TARIFF FOR ALL PRESENT AND FUTURE UTILITY SERVICE. ACCEPTANCE OF THE APPLICATION BY THE PETERSBURG BOROUGH CONSTITUTES A CONTRACT BETWEEN THE CITY AND THE APPLICANT. ALL ATTORNEY COSTS AND FEES INCURRED BY THE BOROUGH FOR THE COLLECTION OF ANY UNPAID ACCOUNT SHALL BE PAID BY THE APPLICANT. I HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS VOLUNTARILY SUBMITTED FOR THE PURPOSE OF RECEIVING UTILITY SERVICE. IT IS UNDERSTOOD THAT UPON PRESENTATION, THE APPLICATION BECOMES THE PROPERTY OF THE CITY. I ALSO CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

APPLICANT INFORMATION

CO-APPLICANT INFORMATION

PREVIOUS ADDRESS | HOW LONG?

PREVIOUS ADDRESS | HOW LONG?

SOCIAL SECURITY #

SOCIAL SECURITY #

DRIVERS LICENSE # and STATE

DRIVERS LICENSE #

BIRTH DATE

BIRTH DATE

APPLICANT EMPLOYMENT INFORMATION

CO-APPLICANT EMPLOYMENT INFORMATION

OCCUPATION

OCCUPATION

EMPLOYER

EMPLOYER

TELEPHONE NUMBER

TELEPHONE NUMBER

APPLICANTS PREVIOUS UTILITY SERVICE

CO-APPLICANT PREVIOUS UTILITY SERVICE

UTILITY COMPANY NAME

UTILITY COMPANY NAME

TELEPHONE NUMBER

TELEPHONE NUMBER

TYPE OF SERVICE (ELECTRIC, WATER, SEWER, GARBAGE)

TYPE OF SERVICE (ELECTRIC, WATER, SEWER, GARBAGE)

DATE STARTED

DATE ENDED

DATE STARTED

DATE ENDED

FOR OFFICE USE ONLY

ACCOUNT NUMBER _____

CONNECTION DATE: _____

TOTAL DEPOSIT _____

DATE _____

CONNECT FEES	WATER \$	ELECTRIC \$
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