

City of New Hampton
Application for Utility Service
**** Must be 18 years of age****

Applicant's Name _____

Phone Number _____ Employer _____

Email Address _____

Previous Address _____

Spouse/ Roommate _____

Phone Number _____ Employer _____

Email Address _____

Previous Address _____

Service Address _____

Mailing Address _____

(If Different)

Previous Utility Company _____

If Renting: Landlord's Name _____

Phone Number _____

Emergency Contact Information: Name, Address & Phone Number

I hereby apply for utility services for the premises listed above beginning _____, 20____ pursuant to the rules of the utility. I agree to pay all bills rendered by the utility until I give notice to the utility to discontinue services. If account becomes delinquent, customer will be responsible for any collection costs with recovery of the debt.

Applicant's Signature Date \$ Deposit

The following information is confidential and is not public record:

Applicant's Name _____

Social Security Number _____ Date of Birth _____

Spouse/ Roommate's Name _____

Social Security Number _____ Date of Birth _____