

**APPLICATION FOR UTILITY SERVICE
CITY OF TECUMSEH - DEPARTMENT OF UTILITIES**

APPLICANT'S PERSONAL INFORMATION

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____

STATE WHERE ISSUED: _____

ALTERNATIVE I.D. NO.: _____

ALTERNATIVE I.D. TYPE: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____

HOME PHONE NO.: _____

CELL PHONE NO.: _____

EMPLOYED BY: _____

EMPLOYER LOCATION: _____

WORK PHONE NO.: _____

SPOUSE'S NAME: _____

SPOUSE'S EMPLOYER: _____

WORK PHONE NO.: _____

MAILING ADDRESS INFORMATION

P.O. BOX: _____

STREET ADDRESS: _____

CONTACT INFORMATION

(SOMEONE WHO IS NOT RELATED TO YOU)

NAME (FIRST/LAST): _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NO.: _____

"MOVING FROM" INFORMATION

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

DISCONNECT DATE: _____

"MOVING TO" INFORMATION

STREET ADDRESS: _____

LANDLORD'S NAME: _____

CONNECT DATE: _____

TRASH TYPE 95-gal senior rate

I understand that I, and my spouse if I am married, am responsible for any and all charges that I incur.

DATE: _____

APPLICANT'S SIGNATURE

NOTE: ALL APPLICANTS WILL BE CHARGED A NONREFUNDABLE \$15.00 CONNECT FEE.