

**CITY OF PERRYVILLE UTILITY APPLICATION**

Application Date: \_\_\_\_\_

Acct #: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

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Name of Applicant(s): \_\_\_\_\_ (First Party) \_\_\_\_\_ (Second Party)

Please present Photo ID

SS# \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Names of anyone 18 and older living in residence: \_\_\_\_\_ (other than applicant)

Banking Facility: \_\_\_\_\_

Phone No.: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Name and Address of Emergency Contact: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_ Fed ID #: \_\_\_\_\_

I/We hereby agree that I/we are hereby responsible for the timely monthly payment of this account. I/We hereby agree that in the event that I/We become delinquent in the payment of the charges or rates for services requested herein, the City of Perryville may employ an attorney to collect such sums and I/We shall pay the City of Perryville's reasonable attorney's fees and expenses incurred for the collection of said delinquent billings.

\_\_\_\_\_  
Signature (First Party)

\_\_\_\_\_  
Signature (Second Party)

check one

- The City of Perryville is hereby restricted from releasing any personal information on this form to anyone other than signed above.
- The City of Perryville is hereby authorized to release my personal information.

Service(s) Requested at: \_\_\_\_\_

Inside City Limits   
Outside City Limits

Rent   
Own

Utility Services Requested:  Water - (resident or commercial)  Gas - (resident or commercial)

Trash: Dumpster Notice - If you own a business and require something beyond city trash services, city trash may be waived if you contract with a dumpster service. A copy of your dumpster service agreement MUST be provided to remove trash charges from your utility bill.

Name of Applicant \_\_\_\_\_

Acct #: \_\_\_\_\_

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**CREDIT INFORMATION**

I/We agree to a credit check and also to pay a \$10 charge for this credit check.

Yes \_\_\_\_\_

No \_\_\_\_\_

If I/We do not agree to such credit check,  
I/We understand that a security deposit, in addition to a meter deposit, will be charged.

\_\_\_\_\_  
Signature (First Party)

\_\_\_\_\_  
Signature (Second Party)

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*(To be completed by Utility Personnel)*

**SECURITY DEPOSIT**

Credit Rating: \_\_\_\_\_ Favorable

Security Deposit(s) Charged: \_\_\_\_\_ No

\_\_\_\_\_ Unfavorable

\_\_\_\_\_ Yes

Amount of Security Deposit(s) \$ \_\_\_\_\_

Water

Gas

Water & Gas

Credit Check Fee \$ \_\_\_\_\_

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**CUSTOMER(S) REQUEST TO DISCONTINUE SERVICE**

I / We wish to discontinue Water / Gas utilities as of this date: \_\_\_\_\_

Service Address: \_\_\_\_\_

*(To be completed by Utility Personnel)*

Deposit Amount: \_\_\_\_\_

Refund Deposit: Yes No

Trans Deposit To: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_