

Denison Municipal Utilities Application for Service

Date of Application: _____

Name of Primary Applicant or Business: _____
(Responsible for all decisions regarding this account)

Soc. Sec. Number: _____ - _____ - _____ or Federal Identification Number for business: _____ - _____

Address: _____

Mailing Address (*if different): _____

Primary Phone #: _____ Email: _____

Employer: _____ Work Phone #: _____

Name of Secondary Applicant: _____ Soc. Sec. Number: _____ - _____ - _____
(Spouse or other responsible adult in the household, also responsible for decisions regarding this account)

Employer: _____ Work Phone #: _____

Other Adults Responsible for the Premise:

(First/Last Name)

(First/Last Name)

Is the service address:

- Owned
- Rented? If rented, enter landlord's name _____

Have you or any other occupant at this address ever had an account with the utility?

- YES, please enter the address _____
- NO, please initial: _____

Applying for Following Services (check all that apply):

- Electric Water & Sewer

Type of Service:

- Residential
- Other _____
(Describe Premise)

I hereby apply for the utility services described above and agree to pay all charges incurred in accordance with the rates, rules, and regulations legally in effect and on file at the utility. I understand I may be required to pay a deposit, which will be refunded or credited to my account at the completion of 7 billing periods during which no late charges have been assessed. If the account is closed, the deposit is applied to the closing with the balance returned to the person who made the deposit.

I (we) have read and understand everything stated on this application. For e-submissions, I understand that typing my name below serves as a binding signature.

(Signature of Primary Applicant)

(Signature of Secondary Applicant)

(Signature of Other Responsible Adult)

(Signature of Other Responsible Adult)

Office Use Only:

Date Rec'd & Initials: _____ Date Approved & Initials: _____ Date Paid: _____
 Deposit Amount: \$ _____ Method of Payment: _____