

CITY OF PERRYVILLE RESIDENTIAL UTILITY APPLICATION

Application Date: _____

Acct #: _____

Service Start Date: _____

Name of Applicant(s): _____ (First Party) _____ (Second Party)

Copy of Photo ID Required

SS# _____ DOB _____ SS# _____ DOB _____

Driver's License No. _____ Driver's License No. _____

Phone Number _____ Phone Number _____

Place of Employment _____ Place of Employment _____

Work Phone No. _____ Work Phone No. _____

E-Mail Address _____ E-Mail Address _____

Mailing Address: _____

Previous Address: _____

Banking Facility: _____

Names of person(s) 18 and older living in residence (excluding applicants) : _____

Name of Emergency Contact: _____

Address: _____ Phone Number: _____

I/We hereby agree that I/we are hereby responsible for the timely monthly payment of this account. I/We hereby agree that if 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) _____

Service(s) Requested at: _____

ADDRESS

check one Inside City Limits
Outside City Limits

check one Rent
Own

Utility Service(s) Requested: (check all that apply) Water Gas Sewer Trash

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 #: _____

CREDIT INFORMATION

I/We agree to a credit check and 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)

(To be completed by Utility Personnel)

SECURITY DEPOSIT & CREDIT CHECK FEES

Credit Rating: Favorable _____

Security Deposit(s) Charged: Yes _____

Unfavorable _____

No _____

Water Security Deposit(s) \$ _____

Credit Check Fee \$ _____

Gas Security Deposit(s) \$ _____

Sewer Security Deposit(s) \$ _____

Owner? Yes _____ No _____

CUSTOMER(S) REQUEST TO DISCONTINUE SERVICE

I / We wish to discontinue Water / Gas / Sewer utilities as of this date: _____

Service Address: _____

(To be completed by Utility Personnel)
Deposit Amount: _____
Refund Deposit: Yes No
Trans Deposit To: _____

Date: _____

Signature: _____

Phone Number: _____

Forwarding Address: _____
