

**APPLICATION FOR SERVICE WITH COOKEVILLE UTILITY DEPARTMENT
(RESIDENTIAL APPLICATION)**

TODAY'S DATE: _____
CHECK SERVICES YOU ARE APPLYING FOR:

ELECTRIC [] WATER [] GAS [] OUTSIDE LIGHTS []

WHAT DATE DO YOU WANT TO CUT ON OR TRANSFER SERVICE IN YOUR NAME: _____
PLEASE PRINT
ADDRESS YOU ARE APPLYING FOR: _____

APPLICANT'S NAME: _____

APPLICANT'S DRIVER LICENSE # _____ SOCIAL SECURITY # _____ - _____ - _____

PHONE# _____ PROVIDER: _____ E-MAIL ADDRESS: _____

CO-APPLICANT'S NAME: _____

CO-APPLICANT'S DRIVER LICENSE # _____ SOCIAL SECURITY # _____ - _____ - _____

PHONE# _____ PROVIDER: _____ E-MAIL ADDRESS: _____

DO YOU WANT YOUR STATEMENTS MAILED TO THE SAME ADDRESS? YES [] NO []
IF NO, WHAT ADDRESS DO YOU WANT YOUR STATEMENTS MAILED TO:

APPLICANT'S PLACE OF EMPLOYMENT: _____ CO-APPLICANT'S _____

OFFICE USE ONLY			
APPLICATION FEE	ELECTRIC	WATER	GAS
ACCOUNT #			

SIGNATURE _____

SIGNATURE _____

SIGNATURE _____

CO-APPLICANT'S NAME: _____

CO-APPLICANT'S DRIVER LICENSE # _____ SOCIAL SECURITY # _____ - _____ - _____

PHONE# _____ PROVIDER: _____ E-MAIL ADDRESS: _____

CO-APPLICANT'S NAME: _____

CO-APPLICANT'S DRIVER LICENSE # _____ SOCIAL SECURITY # _____ - _____ - _____

PHONE# _____ PROVIDER: _____ E-MAIL ADDRESS: _____

DO YOU HAVE ANY UTILITY SERVICE THAT NEEDS TO BE DISCONNECTED TODAY OR IN THE FUTURE?
YES [] NO []

THE CITY OF COOKEVILLE IS NOT LIABLE FOR DAMAGES DUE TO CONNECTION OF ANY UTILITY SERVICE.
*****PLEASE READ AND INITIAL ALL STATEMENTS BELOW*****

_____ IT IS THE CITY'S POLICY TO REQUIRE ALL RESPONSIBLE OCCUPANTS TO SIGN THIS APPLICATION AND HAVE THEIR IDENTIFICATION VERIFIED WITHIN 14 DAYS OF SERVICE ACTIVATION. IF THAT REQUIREMENT HAS NOT BEEN FULFILLED BY THE END OF THE 14 DAYS, I UNDERSTAND A NOTICE WILL BE GIVEN AND SERVICE WILL BE DISCONNECTED.

_____ I WILL BE RESPONSIBLE FOR PAYING ANY ADDITIONAL CHARGES IF THE ADDRESS I HAVE LISTED ON THE APPLICATION IS INCORRECT.

_____ I AUTHORIZE THE CITY OF COOKEVILLE TO RELEASE MY UTILITY USAGE/CONSUMPTION HISTORY TO THE OWNER OF THIS PROPERTY.

_____ I UNDERSTAND ANY UNPAID AMOUNTS COULD BE TRANSFERRED TO THIS ACCOUNT AND/OR ANY ACTIVE SERVICE I HAVE COULD BE DISCONNECTED FOR ANY UNPAID BILLS I HAVE.

_____ I WILL BE RESPONSIBLE FOR THE UTILITY CHARGES ON THIS ACCOUNT UNTIL I REMOVE MY NAME OR TERMINATE THE SERVICE.

_____ I UNDERSTAND ALL APPLICANTS ARE JOINTLY AND SEVERALLY LIABLE FOR ALL UTILITY CHARGES ON THIS ACCOUNT.

_____ I ACKNOWLEDGE I RECEIVED THE POLICY FOR DELINQUENT ACCOUNTS AND TERMINATIONS OF UTILITY SERVICE AND IT IS MY RESPONSIBILITY TO READ THE POLICY.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES. I HEREBY AGREE TO THE TERMS & CONDITIONS OUTLINED ABOVE:

SIGNATURE _____ DATE: _____

SIGNATURE _____ DATE: _____

SIGNATURE _____ DATE: _____