



# TOWN OF PINETOPS

## UTILITY APPLICATION

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

Customer's Name \_\_\_\_\_ DOB \_\_\_\_\_

Spouse's/Partner's Name \_\_\_\_\_ DOB \_\_\_\_\_

Location Address \_\_\_\_\_

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

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \* (    ) \_\_\_\_\_ Cell Phone # (    ) \_\_\_\_\_

Customer Social Security # \_\_\_\_\_ Driver's Lic. \_\_\_\_\_

Spouse/Partner Social Security # \_\_\_\_\_ Driver's Lic. \_\_\_\_\_

Customer Employer Name \_\_\_\_\_

Spouse/Partner Employer Name \_\_\_\_\_

Have you had services with the Town of Pinetops before?    yes    no

If yes, list previous address \_\_\_\_\_

Do you Own \_\_\_\_\_ , Or Rent \_\_\_\_\_ Landlord Name \_\_\_\_\_

Service Requested: Electric \_\_\_\_\_ , Water \_\_\_\_\_ , Sewer \_\_\_\_\_ , Sec. Light \_\_\_\_\_ , Garb/Rec \_\_\_\_\_

Are Taps Needed? Water \_\_\_\_\_ Sewer \_\_\_\_\_

Amount of Deposit Received \_\_\_\_\_ Deposit Amt. \$ \_\_\_\_\_

Notification Call: yes \_\_\_\_\_ no \_\_\_\_\_

Please list all occupants over 18 years old on back of application  
Please attach copies of Driver's License(s), SS Card and Lease Agreement  
or Deed

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

\_\_\_\_\_  
SPOUSE/PARTNER SIGNATURE