

TOWN OF NEW CARLISLE RESIDENTIAL APPLICATION FOR UTILITY SERVICE

***Please note only the applicants listed will be allowed to make changes or to inquire on an account.**

PLEASE NOTE UTILITY SERVICES TO THIS APPLICATION WILL NOT BE FURNISHED IF YOU OWE A DELINQUENT BILL AT A PREVIOUS OR PRESENT ADDRESS, OR IF ALL OF THE REQUIRED PAPERWORK AND INFORMATION ARE NOT PROVIDED.**

(Please Print)

Date Service to Start: _____

Service Address: _____

Mail Bill to: _____

Applicant's Name: _____ Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Employed by: _____ Work Number: _____

Do You or Co-applicant presently have a utility service account with the town? Yes _____ No _____

If Yes, at what address? _____

Name of persons 18 or older living at this address: _____

Name, Address, and Phone No. of Nearest Relative: _____

CERTIFICATION:

I HEREBY DECLARE AND AFFIRM TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL STATEMENTS AND ANSWERS HEREIN ARE FULL, COMPLETE, AND TRUE. I, THE UNDERSIGNED, FULLY UNDERSTAND THAT I AM RESPONSIBLE TO PAY FOR UTILITY SERVICE OR OTHER CHARGES WHICH MAY BECOME DUE TO THE TOWN OF NEW CARLISLE AT THIS ADDRESS. ALL PERSONS WHO SIGN THIS APPLICATION SHALL BE JOINTLY AND/OR SEPARATELY LIABLE FOR ANY WATER, ELECTRIC, SEWER, AND GARBAGE SERVICE CHARGES INCURRED AT THIS SERVICE ADDRESS.

APPLICANT'S NAME

DATE

CO-APPLICANT'S NAME

DATE

**Copy of Driver's License or State Issued ID required with application