

CITY OF COURTLAND UTILITIES APPLICATION

Application Date: _____ Date service to begin: _____

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

Address: _____

Mailing address (if different): _____

Phone #: Home _____ Cell _____ Work _____

Email: _____

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

Phone: Home _____ Cell: _____ Work: _____

Email: _____

Is the service address:

Owned

Rented? If rented, enter landlord's name _____

I/we understand that I/we will be responsible for all utilities at the above service address up to the date services are discontinued per my/our request and signature on the "Release of utilities" form. I/we understand my present utilities can be disconnected for any delinquent bills.

(Signature of Primary Applicant)

(Date)

(Signature of Secondary Applicant)

(Date)

Equally responsible for full payment of bill

Office use only

Account No: _____ Name out: _____

Date out: _____ Forwarding Address: _____