Application for Connection of Utilities at the Town of Argos

Date of Application:			Date to Start Service:		
Primary Billing Name:			Service Address:		
Secondary Name:			Billing Address:		
	ne #:				
Secondary Telephone #:			Owner Name:		
Primary Email:			Secondary Email:		
Primary Social Security #:			Secondary Social Security #:		
Primary Driver's License #:			Secondary Driver's License #:		
Primary Date of Birth:			Secondary Date of Birth:		
Primary Employer:			Secondary Employer:		
Interested in Ema Do you have pets Will anyone living	? Yes / No. Would you g in this dwelling be on a f	nter address here:_be interested in Adorm of life support	CH payments t	for your utility bill? Yes / No nat is powered by electricity?	
				or life support/oxygen as soon as	
•	for our records.	dary print	, cert	cify that all information I have provided	
the event that the agrees that the la	e applicant is a tenant, or	otherwise leasing r shall have the exp	the subject pr oress consent	te to the Town of Argos payment policy. In coperty, the applicant hereby consents and and authority to disconnect service in the of 20 days or more.	
Primary's Signature			Date		
Secondary's Signature			Date		
For Office Use On	nly				
Customer's first b	oill should arrive	•	This will be a	full / partial bill.	
Has a copy of son	ne form of photo ID been	obtained?	Which form?)	
Has a copy of app	olicant's Lease/Rental Agro	eement or closing	documents be	en obtained?	
Rec #:	Electric: \$	Water: \$_		Work Order #:	
Card	Computer Book		Account #: _		

F:/sharedat/Excel Files/Utilities/Service Application.xlsx