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:
Primary Telephone #:	
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:
Have you ever lived in Argos? Yes / No. Enter date(s) : Interested in Email billing? Yes / No. Enter address here: Do you have pets? Yes / No. Would you be interested in A	
Will anyone living in this dwelling be on a form of life suppor If yes, whom and type of machinery?	
NOTE : We will need a letter from the patient's doctor verify possible for our records.	
I,//	, certify that all information I have provided
for this application is true, complete and correct. I have also	

the event that the application is true, complete and correct. I have also read and agree to the Town of Argos payment policy. In the event that the applicant is a tenant, or otherwise leasing the subject property, the applicant hereby consents and agrees that the landlord or property owner shall have the express consent and authority to disconnect service in the event the applicant vacates or abandons the subject property for a period of 20 days or more.

Primary's Signatur	re	Date
Secondary's Signa	ture	Date
For Office Use	Only	
Customer's first bill should arrive This will be a full / partial bill.		
Has a copy of some form of photo ID been obtained? Which form?		
Has a copy of applicant's Lease/Rental Agreement or closing documents been obtained?		
Rec #:	Electric: \$	Water: \$ Work Order #:
Card	Computer Book	Account #:

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