

HELPER CITY – RESIDENTIAL APPLICATION FOR UTILITIES SERVICE

CONNECTION DATE _____

APPLICANT NAME _____ (MAIDEN NAME) _____

SERVICE ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTH DATE (required) _____ TELEPHONE # _____

SOCIAL SECURITY (required) ____ - ____ - ____ DRIVER'S LICENSE # (required) _____ STATE _____

PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP _____

2ND APPLICANT NAME _____ (MAIDEN NAME) _____

BIRTH DATE (required) _____ TELEPHONE # _____

SOCIAL SECURITY # (required) ____ - ____ - ____ DRIVER'S LICENSE # (required) _____

APPLICANT EMAIL ADDRESS _____

EMPLOYER _____ HOW LONG EMPLOYED _____

EMPLOYER'S ADDRESS _____ WORK PHONE # _____

NAME OF RELATIVE _____ PHONE NO. _____

ADDRESS _____ CITY, STATE _____

PERSONAL REFERENCE _____ PHONE NO. _____

ADDRESS _____ CITY, STATE _____

OWN HOME _____ RENT HOME _____

LANDLORDS NAME _____

LANDLORD ADDRESS _____ PHONE NO. _____

Helper City does not disclose nonpublic personal information about you to any companies that are not members of our government amenities, except as permitted by federal law. This confidentiality of your nonpublic personal information will continue to be maintained consistent with this privacy notice even if you decide to close your account, your account becomes inactive, or when you otherwise cease to do business with us.

I understand that utility service billings are due when rendered and become delinquent on the tenth of the month. Should it become delinquent in payment of any such billings, Helper City shall have the right to demand payment of billing or suspend my utility service. Reconnect fess will be charged following suspension of service.

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE.

PRINT NAME (1st) _____ Signature _____

PRINT NAME (2nd) _____ Signature _____

ACCOUNT NUMBER _____

AMOUNT OF DEPOSIT \$ _____ CHECK # _____ CREDIT CARD _____ CASH _____ BY _____