**TOWN OF PINETOPS**

UTILITY APPLICATION

**Date: \_\_\_\_\_\_\_\_\_\_\_**

**Customer's Name DOB**

**Spouse's/Partner's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_**

**Location Address**

**Mailing Address**

**Town State Zip Code**

**Home Phone \* ( ) Cell Phone # ( )**

**Customer Social Security # Driver's Lic.**

**Spouse/Partner Social Security # Driver's Lic.**

**Customer Employer Name**

**Spouse/Partner Employer Name**

**Have you had services with the Town of Pinetops before? \_\_\_ yes \_\_\_ no**

**If yes, list previous address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you Own , Or Rent Landlord Name**

**Service Requested: Electric ,Water ,Sewer , Sec. Light,\_, Garb/Rec**

**Are Taps Needed? Water Sewer**

**Amount of Deposit Received Deposit Amt. $**

**Notification Call: yes no**

**Please list all occupants over 18 years old on back of application Please attach copies of Driver's License(s), SS Card and Lease Agreement or Deed**

**CUSTOMER'S SIGNATURE SPOUSE/PARTNER SIGNATURE**