



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