

APPLICATION FOR CITY OF HIGHLAND UTILITIES

ACCOUNT NUMBER _____

BILLING NAME _____

DATE _____

LOCATION OF SERVICE _____

PHONE _____

MAILING ADDRESS _____

(if different) _____

ARE YOU CURRENTLY A CITY OF HIGHLAND UTILITY CUSTOMER? YES NO (circle one)

IF YES - DATES OF SERVICE FROM _____ TO _____

LOCATION OF SERVICE _____

IF NO - PREVIOUS ADDRESS _____

PREVIOUS UTILITY SUPPLIER _____

DRIVER'S LICENSE NO. _____ STATE _____

SOCIAL SECURITY NO. _____

DATE OF BIRTH _____

BANK REFERENCE _____

EMPLOYED BY _____

name address phone

To the best of my knowledge, the above information is correct.

SIGNED _____

TO BE COMPLETED BY OFFICE

APPLICATION RECEIVED BY _____

UTILITY DEPOSIT REQUIRED? YES NO (circle one)

DATE DEPOSIT RECEIVED _____ \$ _____

DATE DEPOSIT REFUNDED _____ \$ _____

DATE DEPOSIT REFUNDED _____ \$ _____

COMMENTS: