

Application for Utility Service

PLEASE PRINT

Lights, Water, Sewer and Storm water will be charged if applicable.
Fax, (765) 648-5929, or mail back to Anderson City Utilities 120 East 8th St Anderson, IN 46016
Customer Service Representative will request a picture ID and a rental agreement or lease.

Name: _____ Customer Number: _____

Service Location: _____ Acct #: _____

Previous Location: _____ Acct # _____

Mailing Address _____

City _____ State _____ Zip _____

Social Security Number _____ Phone Number _____

Drivers License Number _____ Cell Number _____

E-Mail address _____

Employer: _____

Contact Person: _____

Spouse's Name (or roommates): _____

Social Security # _____ Phone # _____

Other Occupants: _____

It is hereby agreed that the undersigned will accept billing and be responsible for the utility charges at the location described above until such time that he /she provides written notice of request for disconnect of service, to Anderson City Utilities. Collection of delinquent accounts, customer will be responsible for past due amount and all cost including collection fees, attorney fees and / or court cost.

This application for Utility Service shall constitute a service contract between the Applicant and Anderson City Utilities, and the Applicant agrees to be bound by the rules and regulation of Anderson City Utilities.

Signature _____ Date _____

Signature _____ Date _____

- A Electric and Water Deposit may be required

Office Use Only

New Connect Date _____ Disconnect Date _____

Winter Disconnect Date _____

Date Processed: _____

Elect Deposit _____ Amount _____ Date _____

Water Deposit _____ Amount _____ Date _____

Transfer Deposit # _____ Transferred from _____

Property Owned By: _____

Property Owners Address _____

Property Owners Phone #: _____

List other occupants: _____

NOTES: