

**Application for Residential Utility Services**  
**City of Anderson, IN – Utility Office -- Customer ID# \_\_\_\_\_**

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Residential Customer Information:

NEW APPLICATION

RENEWAL

**IF MAILING Documents, they must be received in our office by:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Service Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Disconnect Services at previous address:  YES, Date to Disconnect: \_\_\_\_\_  NO, Leave services on.

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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Information for any other adult, spouse or domestic partner in your household using **these services**:

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Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Previous Address: \_\_\_\_\_ Account # : \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Phone # \_\_\_\_\_

List all occupants over the age of 18: \_\_\_\_\_

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**Adverse Action Letters are only produced if the credit report recommends a deposit to be paid and must be given to the customer by law.**

## Utility Services Agreement

**Note: A valid state or government issued photo ID and a valid Lease agreement or proof of property ownership are required at the time you apply for services.**

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### Agreement for Services with Anderson City Utilities

It is hereby agreed that the undersigned will accept billing and be responsible for the utility charges accrued at the location described above as the "Service Address". This obligation will continue until such time that the signing party gives written notice in the form of a request to disconnect service to this office. If the collection of any delinquent charges is necessary, the signee agrees to be responsible for past due amounts and all costs accrued in the collection process, including delinquent charges, legal fees along with processing and court costs.

This application for Utility Services shall constitute a service contract between the Applicant and Anderson City Utilities, and the Applicant agrees to pay and is bound by the rules and regulations of Anderson City Utilities.

I have received a copy of My Rights to Dispute a Disconnection of Services and to receive a Fair Hearing.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant #1 \_\_\_\_\_  
Signature of Co-Applicant #2

A \$5.00 application fee will be charged at the time deposits are paid at the cashier

### For Use by the Utility Office

Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Entered by: \_\_\_\_\_

CID: \_\_\_\_\_ Acct #: \_\_\_\_\_ Electric Deposit: \_\_\_\_\_ Water Deposit: \_\_\_\_\_

Deposit rated at:  High Risk  Medium Risk  Assisted Deposit  Waive Deposit Mgt. Initials: \_\_\_\_\_

Services to be billed: Lights: \_\_\_\_\_ Water: \_\_\_\_\_ Sewer: \_\_\_\_\_ Storm: \_\_\_\_\_ Trash: \_\_\_\_\_

Copy of Credit Report Attached? YES NO Adverse Action Letter\* given to customer: YES NO

**PLEASE MAKE SURE YOU HAVE AN EMERGENCY CONTACT ON THE APPLICATION.**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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