



UTILITY CONNECTION APPLICATION
(Must be 18 yrs or older)

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER & PHONE # \_\_\_\_\_

MAIDEN NAME OR PREVIOUS NAME \_\_\_\_\_

SPOUSE \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ARE YOU RENTING AT THIS ADDRESS? YES \_\_\_ NO \_\_\_

IF YES LANDLORD'S NAME \_\_\_\_\_

POLYCART SIZE 35 GAL 95 GAL # OF POLYCARTS 1 2 3

DATE FOR WATER TO BE TURNED ON \_\_\_\_\_

PLEASE LIST 2 REFERENCES AND THEIR PHONE NUMBERS

1. \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT MYSELF NOR ANY INDIVIDUAL LIVING AT THE ABOVE ADDRESS OWES OR IS INDEBTED TO THE CITY OF COLUMBUS FOR ANY UTILITY SERVICE. Initial here \_\_\_\_\_

CUSTOMER SIGNATURE

DATE