



CITY OF NORCROSS APPLICATION FOR RESIDENTIAL UTILITY SERVICE

NEW APPLICATION FOR SERVICE: YES () NO ()

OR

TRANSFER SERVICE: YES () NO () TRANSFER ACCOUNT #: _____

DATE OF APPLICATION: _____ SERVICE EFFECTIVE (NEXT DAY): _____

NAME OF APPLICANT: _____ HOME TEL #: _____

PRINT NAME OF APPLICANT: _____ CELL TEL #: _____

SERVICE ADDRESS: _____

CITY, STATE & ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS): _____

SSN OR FED TAX ID NO: _____ * D.O.B: _____ SR. CITIZEN ()

QUALIFIES FOR SENIOR CITIZEN DISCOUNT: YES () NO ()

EMPLOYER: _____ EMPLOYER ADDRESS: _____

EMPLOYER PHONE #: _____

PERSON (S) AUTHORIZED TO MAKE CHANGES ON ACCOUNT:

(PLEASE INDICATE NEXT TO EACH NAME WHAT RELATIONS THEY ARE TO YOU)

CONTACT PERSON IN CASE OF EMERGENCY: _____

(PLEASE INCLUDE A VALID PHONE NUMBER AND ADDRESS)

*USED TO DETERMINE ELIGIBILITY FOR SENIOR CITIZEN DISCOUNT (62 AND OVER). THE SIGNEE APPLYING FOR UTILITY SERVICE FROM THE CITY OF NORCROSS CERTIFIES THAT HE/SHE HAS BEEN MADE AWARE OF THE CODES GOVERNING UTILITIES SET FORTH BY THE CITY ORDINANCE AND AGREES TO COMPLY WITH THEM.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

FOR OFFICE USE ONLY:

DEPOSIT AMOUNT:

WATER: \$ _____

ELECTRIC: \$ _____

DUMPSTER: \$ _____

TOTAL PAID: \$ _____ RECEIPT NUMBER: _____

NAME OF EMPLOYEE ACCEPTING APPLICATION: _____