

## **Utility Service Application**

(Water, Sewer, Solid Waste Services)

Please print, complete and return the form to the City of Hunter.

## **Applicant Agreement**

By submitting this application, I request utility services at the address provided, subject to the rules and regulations established by the City of Hunter. I affirm that neither I nor any other occupant of the service address has any outstanding utility debts to the City of Hunter. I also acknowledge the following terms:

- A utility security deposit of \$150.00 per service is required.
- A non-refundable connection fee of \$100.00 applies and is separate from the deposit.
- Both the deposit and connection fee must be paid in full before utility services will be activated.
- A **\$100.00 reconnection fee** will apply to any services disconnected due to delinquency.
- For new service or reconnection, contact the Water Department directly.
- Any **outstanding bills** must be paid in full before transferring service to a new address.
- A returned check will incur bank handling fees in addition to the original balance.

## Applicant Information

## Applicant 1 - Primary Account Holder

Full Name:				
• Business Name (if a	pplicable):			
Address:		City:	State:	
• Social Security Nun	ıber:	Date of Birth		
• Driver's License Nu	mber:		State:	



Home Phone:	Cell Phone:	Email:			
pplicant 2 - Secondary (if a	pplicable)				
• Full Name:					
• Business Name (if app	licable):				
Address:		City:	State:		
Social Security Number:		Date of Birth			
• Driver's License Numb	er:		State:		
Home Phone:	Cell Phone:	Email:			
lote: A government-issued p	hoto ID is required	to establish utility s	service.		
ervice Details					
Service Address:		Requested Start Date			
• Type of Property: 🗆 R	esidential 🗆 Comm	ercial/Industrial 🗆	Construction		
• Occupancy Status: 🗆	Own 🗆 Rent				
Total Number of Occu	<ul> <li>Total Number of Occupants: (Adults: / Children:)</li> </ul>				
• Names of Adults (18+)	Residing at Servic	e Address:			
· · · ·					
Previous Address:		City:	State:		
• Length of Residence:	Previou	us Utility Provider(s	5):		
• Have you or any appli	cant previously live	ed in Hunter? 🗆 Yes	s 🗆 No		



$\circ$ If yes, under what nam	ne?
Emergency Contacts	
1. Emergency Contact (Resides at S	Service Address)
• Name:	
Relationship:	
<ul> <li>2. Emergency Contact (Resides at 9)</li> <li>Name:</li> </ul>	Service Address)
3. Emergency Contact (Not Residin	- , , , , , , , , , , , , , , , , , , ,
• City:	_ State:
Phone:	_ Cell:
Applicant 1 Signature:	Date:
Applicant 2 Signature:	Date: