

APPLICATION FOR UTILITY SERVICE
WHITEHALL ELECTRIC UTILITY
WHITEHALL WATER AND SEWER UTILITIES

Residential: Own _____ Rent _____ Commercial: Own _____ Rent _____

Date to Begin Service: _____ Phone #: _____

Name of Customer(s): _____

Service Address: _____

Mailing address (if different from above): _____

Previous Address: _____

Social Security # _____

Driver's License # or I.D. #: _____

Employer: _____ Work Phone #: _____

Spouse's Employer: _____ Work Phone #: _____

Have you been billed by this utility in the past (in your name)? Yes _____ No _____

Have you had utility service interrupted due to non-payment of a bill within the past 12 months? Yes _____ No _____

Do you have a balance owed at another utility? Yes _____ No _____

If so, please give name and location of utility: _____

I agree to abide by the rules and regulations set forth by this utility and to pay for services at the specified rate. I understand that non-payment of utility bills could result in interrupted service and require posting of a deposit.

IF THE INFORMATION PROVIDED INDICATES YOU HAVE A PAST DUE BALANCE WITH ANOTHER UTILITY; OR IF YOU HAVE AN OUTSTANDING ACCOUNT BALANCE WITH WHITEHALL UTILITIES; YOU WILL BE CHARGED A SECURITY DEPOSIT AS FOLLOWS:

New Customer of Whitehall Utilities – The estimated gross bill for any 2 consecutive billing periods, as determined by the Utility.

Previous Customer - 2 consecutive months of customer's previous gross bills, as determined by the Utility.

The above deposits will be returned:

When you discontinue service (upon paying entire balances owed); OR

After 1 year of timely payments to the Utilities.

Interest will be paid on the deposits, at a rate determined by the Public Service Commission.

Upon termination of this service I understand that it is my responsibility to notify the Utility to request my service be terminated or changed from my name.

Signature of Applicant(s) _____ Date _____
