

**CITY OF ROSSVILLE
RESIDENCE – UTILITY SERVICE APPLICATION**

___ SINGLE ___ JOINT

If filing a Joint Application the Co-Applicant Section of this application must be filled out in its entirety before application will be processed.

Applicant

Co-Applicant

| | |
|---|---|
| Name: Last, First | Name: Last, First |
| Social Security # | Social Security # |
| Driver's License # | Driver's License # |
| Date of Birth | Date of Birth |
| Phone Home Cell | Phone Home Cell |
| Email | Email |
| Employer | Employer |
| Employer Address | Employer Address |
| Employer Phone | Employer Phone |

SERVICE ADDRESS: _____ SERVICE ID: _____

START/MOVE IN DATE: _____ PO BOX? _____

MAILING ADDRESS _____

PRIOR SERVICE? YES NO WHAT ADDRESS & NAME _____

OWN OR RENT? (circle one) LANDLORD'S NAME AND ADDRESS _____

PHONE # _____

OVER

CLOSEST LIVING RELATIVE NOT LIVING AT YOUR RESIDENCE:

| | |
|---------------------|-------------|
| NAME | TELE # |
| ADDRESS | CITY, STATE |
| RELATIONSHIP TO YOU | ZIP CODE |

_____ I HAVE DOGS THAT WILL BE RESIDING AT MY SERVICE LOCATION.

IF THE ABOVE WAS CHECKED PLEASE COMPLETE THE FOLLOWING:

NUMBER OF DOGS _____ BREED OF DOGS _____

I wish to receive my utility bill emailed:

I wish to receive text messages for emergency City news:

The City of Rossville provides residents with the following services:

Water, Sewer, Refuse

I/WE APPLY FOR UTILITY SERVICE AND UNDERSTAND THAT I/WE WILL BE RESPONSIBLE FOR AND AGREE TO MAKE PAYMENT OF ALL UTILITY CHARGES INCURRED (INCLUDING BUT NOT LIMITED TO: WATER, SEWER AND REFUSE) UNTIL I/WE FURTHER NOTIFY THE CITY OF ROSSVILLE.

| | |
|---------------------------|------|
| SIGNATURE OF APPLICANT | DATE |
| SIGNATURE OF CO-APPLICANT | DATE |