

**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: First, Last	Name: First, Last
Social Security #	Social Security #
Driver's License #	Driver's License #
Date of Birth	Date of Birth
Phone	Phone
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 \_\_\_\_\_

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

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For Office Use Only

DEPOSIT REQUIRED \_\_\_\_\_ DATE PAID \_\_\_\_\_ RECEIPT # \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

- DEPOSIT CARD PREPARED
- DEPOSIT RECORDED ON COMPUTER
- WORK ORDER PREPARED
- DOG(S) TAGGED