JAMESTOWN MUNICIPAL UTILITIES APPLICATION FOR SERVICE

(Residential)

Name	Social Security #				
Date of Birth:	Driver's Lic. #				
Spouse's Name	Social Security #				
	Driver's Lic. #				
Mailing Address					
Street/PC Note: If you are required by the Post Of a PO Box as soon as possible. Incorrec	ffice to have a PO Box and	l you have not re	ceived or	ne yet, please p	
Email Address	Four Digit Internet Pin				
Telephone Number	······································	Evening			
Place of Employment		_			
Spouse's Place of Employmen	nt				
Number of Persons in househo	old				
Service Address					
Street	City	S	tate	Zip Code	
Utility Services requested:	Please check () Electric) Water) Sewer)Security	Light
Deposit Required for those renting:	Electric - \$200.00 Water - \$ 25.00 Sewer -\$ 75.00				
Previous Address of Applican	t (s)				·
	Street		City	State	zip Code
Person (other than applicant) t	o contact in case of	an emergend	ey:		
Name		Phone #			
Property Owner: Name:					
Address:					
Street		City		State	Zip Code
Within two (2) working days after to as requested, shall be provided to the		-	osits if r	required, the	utility service
Applicant's Signature	Date	Spouse's Signature D		re Da	te