WORK ORDER #	Office Use Deposit Amount:Date Paid
LOCATION #	Credit Check \$15.00 Date Paid
City of Grantville Application for Utilities	INSIDE / OUTSIDE CITY LIMITS (circle one) Trash Can @ Residence: Yes No Date Utilities turned on: Account Number:
Today's Date:	
100 GAS 200 50 WATER	100 ELECTRIC 200
Name:	
DOB: SSN:	Driver's License #
New Address:	
Mailing Address (where you would like your bill to be sent if it is different than your new address):	
Daytime Phone:	
Place of Employment:	
Emergency Contact Name:	
Emergency Phone #:	
Email Address:	
CREDIT INFORMATION The undersigned agrees that in consideration of the City of Grantville furnishing utilities; the undersigned will pay for all damages to utility meters on the above stated property, except for damages caused by the acts of God. The undersigned understands that a credit report will be executed on the behalf of the applicant and agrees to allow the same to determine the amount of the deposit that will be required. (The credit report will be attached to the application for future references.) I,	
Signature: Date:	
Clerk's Signature: Date:	