



# Town of Clayton Utility Service Application

Rental Agreement	_____
Landlord?	_____
SS# Verification	_____
DL# Verification	_____
Deposit Paid	_____
Work Orders	_____
Entered (date/initials)	_____

Name of Customer: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Leasing \_\_\_\_ Purchasing \_\_\_\_ email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ (alternate): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Number of occupants \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date service to be activated: \_\_\_\_\_

Have you or any other occupant at this address ever had a utility account with the Town?

Yes, please state address: \_\_\_\_\_

No, please initial: \_\_\_\_\_

I certify that I am eighteen years of age or older, that the above information is accurate, and that I will be responsible for payment of the entire bill upon termination of service. Additionally, if the Town determines that I or any other occupant at this address owes past due balances to the Town, I will be responsible for payment of those balances and any associated fees. I have had an opportunity to review a copy of the Town's cut-off policy and am subject to the Town's Utility Policy as currently in effect. The account is subject to immediate disconnection without notice if the deposit and connect fee is returned for insufficient funds or if the Town discovers delinquent past due balances from prior accounts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date