

NEW AND CURRENT CUSTOMERS
MUNICIPAL UTILITIES APPLICATION

TOWN OF ADVANCE
OFFICE OF CLERK-TREASURER
(765)676-6611

NAME: _____

SS#: _____ DL#: _____

SPOUSE: _____

MAILING ADDRESS: _____

SERVICE ADDRESS: _____

TELEPHONE NUMBER: HOME _____ WORK _____

EMPLOYER: _____

ADDRESS: _____

SPOUSE EMPLOYER: _____

ADDRESS: _____

NUMBER OF PERSONS IN HOUSEHOLD: _____

UTILITY SERVICE REQUESTED: Electric _____ Water _____ Sewer _____

PREVIOUS ADDRESS OF APPLICANT(S): _____

PREVIOUS UTILITY SUPPLIER: _____

PERSON (OTHER THAN APPLICANT) TO CONTACT IN CASE OF EMERGENCY: _____

PROPERTY OWNER (IF DIFFERENT THAN APPLICANT): _____

WITHIN TWO (2) WORKING DAYS AFTER THE APPLICATION HAS MADE GUARENTEE DEPOSITS, THE
UTILITY SERVICE(S) REQUESTED SHALL BE PROVIDED TO THE ABOVE DESIGNATED LOCATION.

APPLICANT SIGNATURE SPOUSE SIGNATURE DATE