



**SERVICE APPLICATION**

ACCOUNT #: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPLICATION INFORMATION**

|                |      |             |
|----------------|------|-------------|
| <b>Name:</b>   |      | Customer #: |
| Date of birth: | SSN: | Phone:      |

**New address:**

|                                |                         |           |
|--------------------------------|-------------------------|-----------|
| City:                          | State:                  | ZIP Code: |
| Own    Rent    (Please circle) | <b>Connection Date:</b> |           |

**Mailing address:**

|       |        |           |
|-------|--------|-----------|
| City: | State: | ZIP Code: |
|-------|--------|-----------|

**Previous address:**

|                                    |                            |                   |
|------------------------------------|----------------------------|-------------------|
|                                    |                            | <b>Account #:</b> |
| City:                              | State:                     | ZIP Code:         |
| Owned    Rented    (Please circle) | <b>Disconnection Date:</b> | Landlord:         |

**EMPLOYMENT INFORMATION**

Current employer:

|                   |        |           |
|-------------------|--------|-----------|
| Employer address: | Phone: |           |
| City:             | State: | ZIP Code: |

**CO-APPLICANT INFORMATION AND OTHERS 18 YEARS AND OLDER LIVING AT RESIDENCE**

Name:

|                   |        |        |
|-------------------|--------|--------|
| Date of birth:    | SSN:   | Phone: |
| Current employer: |        |        |
| Employer address: | Phone: |        |

BY SIGNING THIS APPLICATION, YOU ARE CONSENTING TO A CREDIT CHECK BY ORRVILLE UTILITIES. ADDITIONALLY, YOU ACKNOWLEDGE, AGREE AND UNDERSTAND THAT YOU ARE JOINTLY AND SEVERALLY LIABLE FOR ANY AMOUNTS OWED TO ORRVILLE UTILITIES FOR SERVICES PROVIDED TO THE ABOVE RESIDENCE AFTER THE DATE OF THIS APPLICATION. FURTHERMORE, YOU ACKNOWLEDGE, AGREE AND UNDERSTAND THAT YOU ARE REQUIRED TO NOTIFY ORRVILLE UTILITIES OF ANY PERSONS 18 YEARS OLD OR OLDER, WHO ARE NOT LISTED ON THIS APPLICATION, BUT WHO SUBSEQUENTLY MOVE INTO THE ABOVE RESIDENCE. IT IS YOUR RESPONSIBILITY TO NOTIFY ORRVILLE UTILITIES OF ALL PERSONS OVER THE AGE OF 18 LIVING AT THE ABOVE ADDRESS. YOU ACKNOWLEDGE, AGREE AND UNDERSTAND THAT FAILURE TO SO NOTIFY ORRVILLE UTILITIES MAY RESULT IN TERMINATION OF SERVICES. LASTLY, YOU ACKNOWLEDGE, AGREE AND UNDERSTAND THAT IF ANYONE OVER THE AGE OF 18 HAS AN OUTSTANDING DELINQUENT UTILITY BILL WITH ORRVILLE UTILITIES, AND THAT PERSON IS LIVING AT THE ABOVE RESIDENCE, THE DELINQUENT BALANCE CAN BE ADDED TO YOUR ACCOUNT AND IS YOUR RESPONSIBILITY DESPITE THE FACT THAT THE UTILITY BILL DELINQUENCY MAY HAVE BEEN INCURRED IN THE PAST AT A RESIDENCE DIFFERENT FROM THE ABOVE RESIDENCE AND WHERE YOU HAVE NEVER RESIDED.

**I HAVE CAREFULLY READ THE ABOVE APPLICATION, I UNDERSTAND IT, AND I AGREE TO SUBJECT TO THE CONDITIONS AND TERMS WRITTEN HEREIN ABOVE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COSIGNER INFORMATION**

|                             |      |                 |
|-----------------------------|------|-----------------|
| <b>Name:</b>                |      | Account Number: |
| Home Address:               |      |                 |
| Relationship:               | SSN: | Phone:          |
| Current Employer & Address: |      | Phone:          |
| Signature:                  |      | Date:           |



|                   |      |        |
|-------------------|------|--------|
| Name:             |      |        |
| Date of birth:    | SSN: | Phone: |
| Current employer: |      |        |
| Employer address: |      | Phone: |
| Name:             |      |        |
| Date of birth:    | SSN: | Phone: |
| Current employer: |      |        |
| Employer address: |      | Phone: |

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