

CITY OF HAGERSTOWN – LIGHT DEPARTMENT

Application for Residential Service

Tel. no.: 301-790-4160 Fax no.: 301-739-4028

Please fill out form completely. When completed, please fax a copy of your Social Security Card, Driver's License and copy of lease (if renting) or deed (if owner) along with your application. **To Confirm Receipt of Fax, please call 301-790-4160.**

STARTING DATE OF SERVICE: _____

(We Require at least TWO (2) business days advance notice)

APPLICANT			
_____	_____	_____	_____
Last Name	First	Middle	Maiden
_____	_____		
Social Security #	Driver's License #		
CO-APPLICANT			
_____	_____	_____	_____
Last Name	First	Middle	Maiden
_____	_____		
Social Security #	Driver's License #		
SERVICE LOCATION			
MOVING TO: _____		OWN: _____	RENT: _____
Street #, Street, Apartment #			
If you rent:	Landlord Name: _____	Phone _____	
PREVIOUS ADDRESS			
MOVING FROM: _____			
Street Address, City, State			
How long did you live there? _____	Did you:	Rent _____	Own _____
		Live with Parents _____	
Was the electric account in your name? Yes _____ No _____	If yes, utility name: _____		
PRIOR ADDRESS: _____			
Street Address, City, State			
When did you live there? _____	Did you:	Rent _____	Own _____
		Live with Parents _____	
CO-OCCUPANTS			
You must list all adults (18 and older) other than the applicant(s) show above who will be residing at this address:			
_____	_____	_____	_____
_____	_____	_____	_____
BILLING			
_____	Send bill to service address.		
_____	Send bill to different address: _____		

EMPLOYMENT

Applicant's employer:

Address: _____

Date Employed _____ Work phone no. _____

Spouses or co-applicant's employer:

Address: _____

Date Employed _____ Work Phone No. _____

SIGNATURE

1. I understand that a security deposit may be required upon application. I also understand that payment of electric bill is due 20 days from the billing date.
2. I understand that service is granted on a **CONDITIONAL** basis for 30 days during which time service may be terminated if any material part of this application is found to be incomplete or in error.
3. I understand that if I do not pay my account as agreed and it becomes necessary to refer my account to a Collection Agency, I will be responsible for all collection agency fees to include reasonable attorney fee and court costs.
4. The information in this application is true and complete.

Applicant's Signature

Date

Phone No.

Co-Applicant's Signature

Date

Phone No.

**A \$10.00 CONNECTION
FEE WILL APPEAR ON
YOUR FIRST STATEMENT**

Office Use Only:

Application Taken By: _____

Date Lights to be Turned On: _____