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: _____