

Application for Residential Service

CITY OF HAGERSTOWN – LIGHT DEPARTMENT
1 E. Franklin Street, Hagerstown, MD 21740
Email: customerservice@hagerstownmd.org
Tel. no.: 301-790-4160 Fax no.: 301-739-4028

CID#: _____

ACCT#: _____

Please fill out form completely. Present a copy of your Social Security Card, Driver's License / Passport or ID Card and copy of lease (if renting) or deed (if owner) along with your application. Full payment of past due bills is required, and a security deposit may be required prior to service being established. If applying by fax, call Support Services to confirm receipt and approval of application.

REQUESTED START DATE FOR ELECTRICAL SERVICE: _____

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

APPLICANT

Last Name

First

Middle

Maiden

Social Security #

Driver's License # or ID #

DOB

Home / Cell #

Applicant Email Address: _____

CO-APPLICANT

Last Name

First

Middle

Maiden

Social Security #

Driver's License # or ID #

DOB

Home / Cell #

Co-Applicant Email Address: _____

SERVICE LOCATION

MOVING TO: _____
Street #, Street, Apartment #

OWN: RENT:

If you rent: Landlord Name: _____ Phone _____

PREVIOUS ADDRESS

PRIOR ADDRESS: _____
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: _____

Have you (applicant / co-applicant) ever received electric service from the City of Hagerstown Light Department: Yes _____ No _____

If yes, provide date, address, and name on the account: _____

CO-OCCUPANTS

List all adults (18 and older) other than the applicant(s) above who will be residing at this address:

Last Name

First

Middle

Maiden

Last Name

First

Middle

Maiden

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. A letter of credit from the previous utility provider may be used in lieu of deposit. Full payment of any past bill is required to start service.
2. I understand that payment of electric bill is due 20 days from the billing date
3. 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.
4. 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 court costs and interest as granted by the court.
5. I understand that a copy of the lease agreement (if renting), or deed (if owner) is required to start service.
6. I understand that I need to present my Social Security Card and Driver's License or passport to the City of Hagerstown – Support Services representative and that they may photocopy one or all of the ID's.
7. I understand that, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless, which could result in charges to you. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. We may also contact you by email, using any email address provided to us.
8. I understand that a credit score may be obtained during the application process.
9. The information in this application is true and complete.
10. The security deposit may be waived if applicant is over 60 years of age. Proof of age will be required at application.

Applicant's Signature (SEAL)

Date

Phone No.

Co-Applicant's Signature (SEAL)

Date

Phone No.

Office Use Only:

Application Taken By: _____

Date Service to be Turned On: _____

If my account becomes assigned to a collection agency, I agree to pay a 25% collection fee, interest in the amount of 25%, court costs, and attorney's fees, as allowed by the law.

Applicant's Signature (SEAL)

Date

Deposit Amount: _____

Co-Applicant's Signature (SEAL)

Date