

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

Deposit Amount: \_\_\_\_\_