

Application for Residential Service

CITY OF HAGERSTOWN – LIGHT DEPARTMENT
32 N. Potomac St., Suite 100, Hagerstown, MD 21740
Email: movers@hagerstownmd.org
Tel. no.: 301-790-4160

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 also be required prior to service being established. **If applying by email, you must 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. Full payment of any past bill is required to start service. A letter of credit from the previous utility provider may be used in lieu of deposit. Security deposit **may** be waived if applicant is over 60 years of age & has satisfactory credit/payment history with City of Hagerstown. Proof of age required.
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, collection and attorney's fees / 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 the ID's.
7. I understand that, to service my account or to collect any amounts I may owe, City of Hagerstown may contact me by telephone at any telephone number associated with my account, including wireless, which could result in charges to myself. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. The city may also contact me by email, using any email address provided to them.
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. I understand it is my responsibility to close my account, either by contacting City of Hagerstown by phone or by email and obtaining a confirmation number.

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: _____

If my account becomes assigned to a collection agency, I agree to pay a 25% collection fee, interest in the amount of 18% per annum, court costs, and attorney's fees of 15% of the amount due.

Applicant's Signature (SEAL) Date

Co-Applicant's Signature (SEAL) Date