

**New Service Application**

Name(s) of responsible for bill: \_\_\_\_\_

Property Address: \_\_\_\_\_

Date property will be sold: \_\_\_\_\_

Is this a Land Contract: Yes    No

Social Security Number(s): \_\_\_\_\_

Drivers License Number(s): \_\_\_\_\_

Individuals living at service address, other than responsible party:

\_\_\_\_\_

Mailing address if different from service address: \_\_\_\_\_

\_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

In case of emergency phone number to call: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_