



FOR OFFICE USE ONLY:

Date Entered: ____ / ____ / ____

Account #: ____ - ____ - ____

Entered By: _____

APPLICATION FOR UTILITY SERVICE- RESIDENTIAL

No new service will be established after 4:00 p.m.

Service Address: _____ Do you: OWN or RENT

Primary Account Holder Name: _____ DOB: _____

SSN: _____ Are you active-duty military? YES or NO

Daytime Phone #: _____ Email Address: _____

Secondary Account Holder Name: _____ DOB: _____

SSN: _____ Are you active-duty military? YES or NO

Daytime Phone #: _____ Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Daytime Phone #: _____ (Emergency contact provided will only be contacted in the event there is

evidence to believe there is a potential stormwater quality issue and the 2 above occupants cannot be reached via telephone.)

To be initialed by the Primary Account Holder:

_____ Any account not paid in full by 5:00 p.m. on the due date will be subject to a \$25.00 late fee. If an account is administratively terminated for non-payment, a \$50.00 termination fee will be assessed. Failure to receive a bill via USPS does not constitute a waiver of penalty or termination.

_____ Returned checks for any reason will result in a \$50.00 NSF fee and may result in termination of online payment options.

_____ Del City requires an adult to be present at the time the water is turned on. Failure to have an adult present may result in the delay of service until the following business day. *Only employees of the City of Del City are authorized to turn water on.*

_____ Only the primary account holder is authorized to make changes to this account; Secondary account holder will only be authorized to obtain information. Any refunds issued by the City of Del City will be issued to the primary account holder.

TOTAL NUMBER OF ADULT OCCUPANTS (AGE 18+) RESIDING AT PROPERTY: _____ (used to determine 1st year sewer rate)

(Application continued on back)

By signing below, I certify that I have read and understand the above information provided and attest that all information provided on this application is true and correct to the best of my knowledge.

Primary Account Holder Signature: _____ Date Signed: _____

Secondary Account Holder Signature: _____ Date Signed: _____

This application must be accompanied by the following:

- State or Federal ID for all account holders
- Ownership documentation/ Signed lease
 - Deposit + \$25.00 application fee