

UTILITY SERVICE AGREEMENT

ACCOUNT # _____ DEPOSIT # _____ DATE _____

NAME OF RESPONSIBLE PARTY _____ SSN OR FED. ID _____

SERVICE ADDRESS _____ DR LIC. _____ ST _____

MAILING ADDRESS _____ TELE # _____

OCCUPATION _____ D.O.B. _____

EMPLOYER _____ TELE # _____

ADDRESS _____

SPOUSE/CO-OCCUPANT'S NAME _____ Relationship _____

D.O.B. _____ SSN _____ DR LIC. _____ ST _____

EMPLOYER _____ TELE # _____

ADDRESS _____ Other income if not employed _____

PREVIOUS ADDRESS _____

PERSONAL REFERENCE _____ Relationship _____

ADDRESS _____ TELE # _____

Have you ever had service with the City of Chandler? YES _____ NO _____ When? _____

At what address? _____

The undersigned agrees to pay the established utility rates as set forth in the City of Chandler ordinances and agrees to abide by the regulations and policies governing said service. This agreement becomes effective upon the establishment of service.

RESPONSIBLE PARTY _____ AUTHORIZED AGENT _____
Signature Signature

RESPONSIBLE PARTY _____ AUTHORIZED AGENT _____
Printed Name Printed Name

Name of Property Owner _____ Address _____ Tele # _____