**CITY OF ROCK PORT UTILITY CUSTOMER APPLICATION**

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**APPLICANT CO-APPLICANT (Other Adult) SERVICE ADDRESS**

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**SOCIAL SECURITY # SOCIAL SECURITY # MAILING ADDRESS**

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**DATE OF BIRTH DATE OF BIRTH NUMBER IN HOUSEHOLD**

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**CELL PHONE CELL PHONE Do you own or rent?**

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**EMPLOYER EMPLOYER If rent, who owns?**

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**WORK PHONE WORK PHONE Landlord’s telephone #**

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**Do you have pets? How many Dogs/Cats? What breed?**

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**CONTACT PERSON CONTACT ADDRESS CONTACT TELEPHONE**

**(Other than applicants)**

**CUSTOMERS ARE LIABLE FOR ALL LEGAL & COLLECTION FEES**

**Applicants contractually agree to pay all electric, water & sewer charges to the City of Rock Port until said applicants have terminated service at this residence/business. Applicants hereby agree to abide by all rules, regulations & policies established by said City, & any hereafter established. The City of Rock Port reserves the right to discontinue services at this residence/business without further notice if rules, policies & regulation have not been followed.**

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**APPLICANT SIGNATURE CO-APPLICANT SIGNATURE DATE**

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FOR OFFICE USE ONLY

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**DEPOSIT AMOUNT RECEIPT # ACCOUNT #**