



Application for Utility Service

Date _____ Service Start Date _____

Service Address _____

Name _____ Phone _____

Date of Birth _____ SSN _____

Drivers Lic. No. _____ Email _____

Mailing Address _____

Employers Name _____

Employers Address _____

Employers Phone _____

Co-Applicant _____ Phone _____

Date of Birth _____ SSN _____

Drivers Lic. No. _____ Email _____

Name, Address, and Phone Number of Nearest Relative/Friend (not living with you)

Do you Own? _____ Rent? _____

Landlord Name & Phone _____

Location of Actual Gas Meter _____

Gas is used for Hot water heater _____ Furnance _____ Stove _____ Dryer _____

List type of life support used (i.e. oxygen) _____

I, the undersigned, hereby make my application to the City of Benson for utility services and agree to pay for such services at the regular published rates in accordance with the applicable rules of the City of Benson. I agree to pay for such service, until I notify the City in writing of desired service disconnect. I agree that the City of Benson or a representative may discontinue service without further notice to me in the event of failure on my part to comply with the terms and conditions of the agreement. I agree deposits, which are paid for the purpose of utility services, will at the time of disconnect be applied to my final bill. Amount to be refunded, if any, will be paid by check to the person(s) whose name(s) appear on this account. The co-applicant has the same rights and responsibilities if on the account. I understand that I am responsible for lighting my own gas pilots if requesting gas service.

Applicant Signature

Co Applicant Signature

OFFICIAL USE ONLY
Service Address _____ Customer # _____