GROTON UTILITIES

At Your Service for 100 years

Application for Service

I / we agree give permission for Groton Utilities to run a credit check to determine if a deposit will be required: _____

(Initial)

Schedule Date: _____ / ____ / _____

(Schedule Date may vary up to 3 business days.)

Account# _____ - _____   **Own / Rent**   ☐ Read ☐ Connect   ☐ Electric ☐ Water

Customer # _____   Deposit: $_____   Agreement on Deposit

Service Address _____Apt _____

☐ **Residential:**

Name: _____   SSN# _____ - _____ - _____   Credit Score: **G Y R**

2nd Name: _____   SSN# _____ - _____ - _____   Credit Score: **G Y R**

Best Contact Number   (_____) _____ - _____   Alternate Number   (_____) _____ - _____

Email Address: _____   Previous GU Customer? Yes or No   Acct# _____ - ____

Mailing Address: _____   Previous GU Address: _____

☐ **Commercial:**

Business Name _____   Owner(s): _____

Mailing Address: _____City_____State_____Zip_____

TAX ID# _____ - _____ - _____   Accounts Payable Person: _____   Contact # (____) _____ - _____

☐ **Disconnect Service:**

Electric: Read / Disconnect   **Water:** Read / Disconnect   **Disconnect Date:** ____ / ____ / _____

Account# _____ - _____   Phone / In – Person

Customer Name: _____

Forwarding Address_____City_____State_____Zip_____

Signature: _____   Additional Signature: _____

I / We agrees to accept service and pay for said service as bills are rendered, in accordance with the rates, rules and regulations now in effect or as they may be changed or amended. If the account becomes delinquent, the applicant will be responsible for collection fees, including reasonable attorney fees.

- -

Meter Deposit

Account# _____ - _____   Meter Deposit $ _____   CK   CA   CC   Rep Initials: _____

Customer Name: _____Svc Address: _____Apt_____