## CITY OF COWETA UTILITY SERVICE AGREEMENT

Please Print Clearly

NAME			Residential Account #					
NAME	Today's Date	Service Start Date				AM / PM		
SERVICE ADDRESS  City State Zip Code  SERVICE ADDRESS  City State Zip Code  OWN RENT Sub Division / Apartment Complex  Name of Landlord Landlord Required)  MAILING ADDRESS (If different from above) City State Zip Code  EMPLOYER WK #  Address City State Zip Code  SPOUSE / CO-OCCUPANT'S  NAME Relationship  D.O.B. SSN # DR LIC # WK #  EMPLOYER WK #  Occupation  Address City State Zip Code  EMPLOYER WK #  The Light and State City State Zip Code  SPOUSE / CO-OCCUPANT'S NAME  EMPLOYER WK #  Address City State Zip Code  Telephone #  Telephone #						lephone #	<del>-</del>	
SERVICE ADDRESS  City State Zip Code  OWN RENT Sub Division / Apartment Complex Landlord Landlord Telephone #  Name of Landlord Telephone #  MAILING ADDRESS (If different from above) City State Zip Code  EMPLOYER WK #  Address City State Zip Code  SPOUSE / CO-OCCUPANT'S  NAME Relationship  D.O.B. SSN # DR LIC # WK #  EMPLOYER WK #  Occupation  Address City State Zip Code  LEMPLOYER WK #  DR LIC # STATE OCCUPANT'S WITH TAIL DE RESIDING HERE  PERSONAL REFERENCE  Telephone #  Telephone #  Address City State Zip Code  Landlord Telephone #  Telephone #  Address City State Zip Code  Landlord Telephone #  Landlord Telephone #  EMPLOYER WK #  Occupation  Address City State Zip Code  Landlord Telephone #  Landlord Telephone #	D.O.B S	SN #			DR LIC#_			
OWN RENT Sub Division / Apartment Complex Landlord Landlord Telephone #	PRESENT ADDRESS				City	State	Zip Code	
OWN RENT Sub Division / Apartment Complex Landlord Landlord Telephone #	SERVICE ADDRESS				City	State	Zip Code	
Landlord Name (Required)  MAILING ADDRESS	OWN RENT	Sub Division / A	Apartment	Complex	J			
(If different from above)    City   State   Zip Code	Landlord			Na		Telephone #		
Address City State Zip Code  SPOUSE / CO-OCCUPANT'S NAME	MAILING ADDRESS(If different from above)				City	State	Zip Code	
SPOUSE / CO-OCCUPANT'S NAME Relationship  D.O.B. SSN # DR LIC #  EMPLOYER WK #  Address City State Zip Code  LIST ALL OCCUPANTS NAMES THAT WILL BE RESIDING HERE  PERSONAL REFERENCE Telephone #  Name Address City State Zip Code  The undersigned agrees to pay the established utility rates as set forth in the City of Coweta ordinances and agrees to abide by the regulation and policies governing said services. This agreement becomes effective upon the establishment of service.  RESPONSIBLE PARTY	EMPLOYER					WK #	<del>-</del>	
NAME Relationship  D.O.B. SSN # DR LIC #	Address	City	State	Zip Code		Occupation		
EMPLOYER					Relationsh	ıip		
Address City State Zip Code  LIST ALL OCCUPANTS NAMES THAT WILL BE RESIDING HERE  PERSONAL REFERENCE  Telephone #	D.O.B.	SSN #			DR LIC #			
Address City State Zip Code  LIST ALL OCCUPANTS NAMES THAT WILL BE RESIDING HERE  PERSONAL REFERENCE  Telephone #	EMPLOYER					WK #	<del>-</del>	
LIST ALL OCCUPANTS NAMES THAT WILL BE RESIDING HERE  PERSONAL REFERENCE  Telephone #	Address	City	State	Zin Code		Occupation		
Name Address City State Zip Code  Have you ever had service with the City of Coweta? YESNOWhen?  At what address?  The undersigned agrees to pay the established utility rates as set forth in the City of Coweta ordinances and agrees to abide by the regulatio and policies governing said services. This agreement becomes effective upon the establishment of service.  RESPONSIBLE PARTY	LIST ALL OCCUPANTS NAMES	·		•				
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and policies governing said services. This agreement becomes effective upon the establishment of service.  RESPONSIBLE PARTY	Have you ever had service with the At what address?	City of Coweta	YES	NO	When?			
RESPONSIBLE PARTY Signature Date							abide by the regulation	
	RESPONSIBLE PARTY Signature							

DEPOSIT AMOUNT: Homeowners \$50.00 Renters \$100.00