

# TOWN OF ELKTON

## APPLICATION FOR SERVICES:

Business

Residential

<u>CHECK ALL REQUIRED:</u> <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage	<u>Check Correct Box:</u> <input type="checkbox"/> Own <input type="checkbox"/> Renting	<u>Ethnicity:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<u>Race:</u> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White
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Applicant Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Service Address: \_\_\_\_\_ Mailing Address (leave blank if same): \_\_\_\_\_

IN ORDER TO ESTABLISH UTILITY SERVICE, TWO FORMS OF IDENTIFICATION ARE REQUIRED AND MUST BE PROVIDED:

Driver's License/Passport#: \_\_\_\_\_ Second I.D. \_\_\_\_\_

Deposit Received

Service Charge Received

Electric: \_\_\_\_\_

\_\_\_\_\_

Water/Sewer: \_\_\_\_\_

\_\_\_\_\_

I have read all terms and conditions required for receiving utility services with the Town of Elkton. I understand that a penalty will be assessed on bills not paid by the due date as shown on the bill. The undersigned assumes full responsibility for payment of utility charges in accordance with the above checked services, supplies, and rate schedule applicable.

Date Requesting Service: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_