



COLUMBUS LIGHT & WATER
RESIDENTIAL SERVICE APPLICATION

CUSTOMER: \_\_\_\_\_
NAME: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_
SERVICE ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_
MAILING ADDRESS: \_\_\_\_\_
ELECTRIC \_\_\_\_\_ WATER \_\_\_\_\_ SEWER \_\_\_\_\_ GARBAGE \_\_\_\_\_
OWN \_\_\_\_\_ RENT \_\_\_\_\_ TRAILER \_\_\_\_\_ LANDLORD/REALTOR \_\_\_\_\_
PLACE OF EMPLOYMENT \_\_\_\_\_ YRS EMPLOYED \_\_\_\_\_
SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_
OTHER IDENTIFICATION \_\_\_\_\_
SPOUSE'S EMPLOYER \_\_\_\_\_ YRS EMPLOYED \_\_\_\_\_
SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_
NEXT OF KIN (NAME) \_\_\_\_\_ (RELATIONSHIP) \_\_\_\_\_
NEXT OF KIN (ADDRESS) \_\_\_\_\_ (PHONE) \_\_\_\_\_

I hereby agree to abide by all rules and regulations of the COLUMBUS LIGHT AND WATER DEPT. Upon termination of services, for whatever reason, I agree to promptly pay all outstanding amounts incurred by me for services rendered by the COLUMBUS LIGHT & WATER DEPT, less any deposits, as measured by the COLUMBUS LIGHT & WATER DEPARTMENT's metering devices in accordance with the applicable rates and charges in effect at that time. I further understand that I should fail to make prompt payment of my final charges, the outstanding balance is subject to being turned over to a Collection Agency, with all reasonable collection fees being added to my outstanding balance and I hereby agree to pay said collection fees in addition to my final bill.

\_\_\_\_\_ Date
\_\_\_\_\_ Applicant's Signature
\_\_\_\_\_ Joint Applicant's Signature
\_\_\_\_\_ Light & Water Approval

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TO BE COMPLETED BY LIGHT & WATER
NEW SERVICE \_\_\_\_\_ REMOVAL \_\_\_\_\_ CHANGE IN BILLING \_\_\_\_\_ TRANSFER \_\_\_\_\_ CLASS \_\_\_\_\_
DEPOSITS: EL # \_\_\_\_\_ AMT \_\_\_\_\_ SURETY BOND \$ \_\_\_\_\_
WT # \_\_\_\_\_ AMT \_\_\_\_\_ BANK DRAFT \_\_\_\_\_
PRESENT ACCOUNT # \_\_\_\_\_ PREVIOUS ACCOUNT # \_\_\_\_\_
PRESENT (EL) METER # \_\_\_\_\_ PREVIOUS (EL) METER # \_\_\_\_\_
PRESENT (WT) METER # \_\_\_\_\_ PREVIOUS (WT) METER # \_\_\_\_\_
TRANSFER SERVICE FROM: \_\_\_\_\_
SERVICE DATE: \_\_\_\_\_ REMOVAL DATE \_\_\_\_\_
FORWARDING ADDRESS \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_