

CITY OF AUGUSTA Date: _____
APPLICATION FOR UTILITY SERVICE

PRIMARY ACCOUNT HOLDER:

Last Name: _____

First Name: _____

New Address: _____

Circle one: Own Rent

Four Digit PIN # (recommend last 4 digits of SS#) _____

Home Phone Number: _____

Cell Phone #: _____

Drivers License #: _____

Social Security # (optional): _____

Employer: _____

SPOUSE / OTHER:

Name: _____

Circle One: Spouse Roommate

Employer: _____

Cell Phone #: _____

Drivers License #: _____

Last 4 of SSN or PIN # : _____

IF YOU WOULD LIKE TO RECEIVE YOUR BILL VIA EMAIL:

Email Address: _____

I understand that I will be receiving my utility billing via email and will not receive a statement in the mail and that failure to receive this statement does not alter my monthly obligation.

I also agree to contact the Utility Office if my email address should change.

Initial Here: _____

Your Previous Address: _____

Account Info May Be Given To: _____

I hereby agree to take full responsibility for all Utility Billings for this address as of _____ until I notify the City that I no longer reside at that address and close my account.

Signature: _____