

City of Mitchell
407 South 6th Street
Mitchell, Indiana 47446
(812) 849-4168

City of Mitchell Utilities – Application for City Utilities

Instructions: Please complete all required fields. This form may be completed electronically after downloading. For your security, do not email forms containing sensitive information (such as Social Security numbers). Return this form in person or by mail to the address listed above. If you have questions, please call **(812) 849-4168**.

Required fields: Name, New Address, Phone Number(s), Driver's License Number, Social Security Number, Prior Service (Yes/No), Own/Rent, Employment, Emergency Contact, Signature, Date.

Applicant Information

Full Name: _____

New Service Address: _____ Mitchell, IN 47446

Home Phone Number: _____ Cell Phone Number: _____

Driver's License Number: _____ Social Security Number: _____ - _____ - _____

Prior Service

Have you ever used Mitchell City Utilities in the past? Yes No If yes, when? _____

Previous service address: _____

Residence Information

Do you own or rent the home/lot you are requesting service for? Own Rent

Landlord Information (if renting)

Landlord Name: _____ Landlord Phone Number: _____

Landlord Address: _____

Employment Information

Place of Employment: _____ Length of Employment: _____

Emergency Contact

Please provide the name, address, and phone number of your nearest relative not living with you.

Relative's Name: _____ Relative's Phone Number: _____

Relative's Address: _____

Acknowledgement

I hereby acknowledge that all the above information is correct and complete. I also agree to abide by all rules, regulations, and decisions of the City of Mitchell Municipal Utilities.

Signature

Signature: _____ Date _____