CITY OF MITCHELL
APPLICATION FOR CITY UTLITIES

NAME: _____

NEW ADDRESS: _____MITCHELL, IN 47446

EMAIL: _____ PAPERLESS BILLING? YES _____ NO _____

HOME PHONE # _____ CELL PHONE #_____

DRIVER'S LICENSE #_____ SOCIAL: _____-_____-_____

HAVE YOU EVER USED MITCHELL CITY UTILITIES IN THE PAST? YES _____ NO_____

WHEN? _____ WHAT ADDRESS? _____

OWN OR RENT THE HOME/LOT YOU ARE REQUESTING SERVICE? OWN___RENT___

NAME OF LANDLORD: _____

LANDLORD'S ADDRESS: _____

LANDLORD'S PHONE # _____

YOUR PLACE OF EMPLOYMENT? _____

HOW LONG HAVE YOU BEEN EMPLOYED THERE? _____

NAME, ADDRESS, & PHONE # OF NEAREST RELATIVE **NOT LIVING WITH YOU:**

RELATIVE'S NAME: _____

RELATIVE'S ADDRESS: _____

RELTATIVE'S PHONE # _____

I HEREBY ACKNOWLEDGE THAT ALL THE ABOVE INFORMATION IS CORRECT & COMPLETE. I ALSO AGREE TO ABIDE BY ALL RULES, REGULATIONS, & DECSIONS OF THE CITY OF MITCHELL MUNICIPAL UTILITIES.

SIGNATURE: _____

DATE: _____/_____/_____