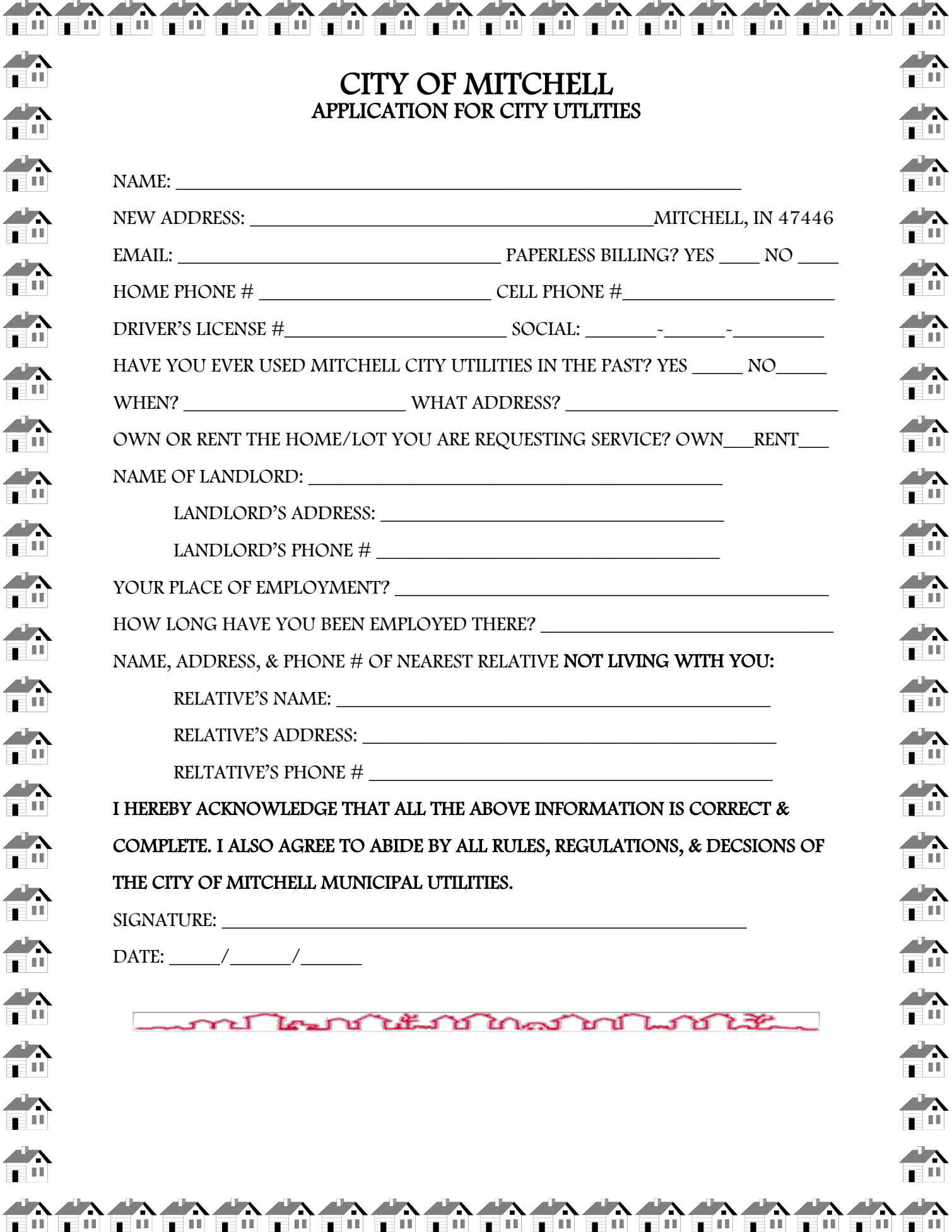




CITY OF MITCHELL

APPLICATION FOR CITY UTILITIES

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: _____

RELATIVE'S PHONE # _____

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

SIGNATURE: _____

DATE: ____/____/____

