



City of  
**SUMMERSET**  
A GREAT PLACE TO CALL HOME

**APPLICATION FOR UTILITIES**

**General Information (Please Print):**

Customer Name \_\_\_\_\_ Move In Date \_\_\_\_\_

Service Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Billing Address \_\_\_\_\_  Same as above

Email \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Spouse Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

I am the  Owner  Agent  Tenant (if you are renting, please complete the following)

Name of Property Owner/Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**Deposit:**

A deposit is required for all customers (see fee schedule). This deposit will be held by the City until the account is closed. If the account is current at the time of closing, the deposit will be refunded to the customer upon approval of the claim by the City Commission. If there is a balance on the account, this deposit will be applied to the outstanding balance. A \$5 late fee will be assessed to your account each month payment is not received by the due date. A \$30 return check fee will apply.

**Fee Schedule:**

- |   |       |
|---|-------|
| <input type="checkbox"/> Commercial Account         | \$100 |
| <input type="checkbox"/> Residential Owner Account  | \$50  |
| <input type="checkbox"/> Residential Rental Account | \$100 |

**Acknowledgement:**

I have read and understand the above billing process summary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amount of Deposit \_\_\_\_\_ Date Paid \_\_\_\_\_ Payment Type:  Cash  Check  Credit Card

Account Changes/Disconnect:

Forwarding Address \_\_\_\_\_ Effective Date \_\_\_\_\_

Notes: