

EDINBURGH MUNICIPAL UTILITY
RESIDENTIAL SERVICE

NAME: _____

PHONE: _____ DL NUMBER: _____

SSN: _____ EMAIL ADDRESS: _____

SERVICE ADDRESS: _____

BILLING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS:

PREVIOUS ADDRESS:

EMPLOYER: _____

SPOUSE NAME: _____

PHONE: _____ DL NUMBER _____

SSN: _____ EMAIL ADDRESS: _____

SPOUSE EMPLOYER: _____

NEAREST RELATIVE & PHONE #: _____

BANK REFERENCE: _____

IF YOU ARE RENTING-LANDLORD'S NAME: _____

LANDLORD'S PHONE NUMBER: _____

REGULATIONS ON DEPOSITS ARE AS FOLLOWS:

1. NO TRANSFER OF METER DEPOSITS FROM ONE PERSON TO ANOTHER
2. NO TRANSFER OF METER DEPOSITS FROM ONE ACCOUNT TO ANOTHER
3. NO NAME CHANGES ON ACCOUNTS OR DEPOSITS
4. A VALID DRIVER'S LICENSE OR ID CARD MUST BE AVAILABLE AT THE TIME OF THIS APPLICATION
5. DEPOSIT MUST BE PAID IN FULL AT THE TIME OF THIS APPLICATION

WAIVER

I authorize the Edinburgh Municipal Utilities to check with all the above named references, employer, etc, upon granting me utility service. I have answered all the above questions to the best of my knowledge and therefore pledge that they are true. I understand that if I have answered falsely, the Edinburgh Municipal Utilities reserves the right to deny my utility service.

DATE: _____ SIGNATURE: _____