



UTILITY SERVICE CONTRACT

Applicant must provide a copy of the lease agreement or ownership verification & ID.

Applicant Information

Name: (First) (MI) (Last)
Social Security No.:
Date of Birth:
Employer:
Phone Numbers: (Home) (Cell) (Work)
Email Address:
Local Emergency Contact Person: Phone No.:

Co-Applicant Information

Name: (First) (MI) (Last)
Social Security No.:
Date of Birth:
Employer:
Phone Numbers: (Home) (Cell) (Work)
Email Address:

Additional Applicants

Name: SSN: DOB:
Name: SSN: DOB:

Property Information

Property Address: Requested Connect Date:
Mailing Address (if different than above):
Please check one of the following:
Owner Tenant (Landlord's name)
Amount of Security Deposit Paid: \$

Notification Subscriptions

Bill Notification Payment Received Paperless Billing

Receiving Email Address:

Any and all services provided shall be subject to the regulations, policies, and rates of CWEP. I understand that I am responsible for the utility billing at the above property from the date of requested connect (or transfer) until I personally order the service off. This information serves as an contract for utility service with Carthage Water & Electric Plant.

(Signature) (Date)
(Signature) (Date)