

Utility Deposit Form

(Please print and answer all questions) Applicant and Co-Applicant must sign the form to be listed on the account.

Applicant: Last Name	First Name			Middle Initial
Business Name (if applicable)				
Phone Number (including area code)				
Settlement / Move In Date		Rental House	Yes	No
New Street Address				
City	State _		Zip Code	
Social Security Number or EIN		_ Driver's Licen	se/State	
Former Address				
Applicant's Current Employer				
Employer's Phone Number (including area code	e)			
Co-Applicant's Name				
Co-Applicant's Social Security Number				
Co-Applicant's Phone Number (including a	area code)			

Application for Electric Service

The undersigned customer hereby agrees to take and pay for all electricity consumed on said premises in accordance with the applicable tariffs, rules, and regulations of the Town which are available for inspection at the Town Office. The customer further agrees to make a suitable advance payment to insure payment for service or otherwise satisfy requirements of the Town of Clayton. The customer acknowledges that utility bills are due on the 20th of every month. The customer acknowledges that late payments will receive a late fee of \$15 for electric service and \$15 for sewer service. By signing this application and making a request for electric service, the undersigned hereby acknowledges and agrees to pay any previously existing and unpaid debts owned by them to the Town of Clayton. The Town of Clayton will not be responsible for any underground electric service lines. It will be the responsibility of the property owner.

This is to notify you that the costs/fees associated to collect any unpaid balances will be added to the outstanding balance.

Utility Deposit Amount	\$125.00 (Owner) \$250.00 (Renter)	Applicant Signed:	<u>(SEAL)</u>	
Payable to: Town of C	layton			
		Co-Applicant Signed:	(SEAL)	
Refundable deposit of \$10 departure from the Town of		-		
		Mailing Address if different from above		
Non-Refundable deposit of for utility connection fee	of \$25			

E-bill

Would you like to be set up on E-bill? If yes, please provide your email address. Please note you will not receive a bill in the mail.

Code Red Emergency Notification

Phone Number _____

Text Number _____

Email _____

Approved:

Town of Clayton

By: _____

Account Number _____