



NEW UTILITY CUSTOMER

APPLICANT

Name: _____

Mailing Address: _____

Phone #: _____

SERVICE ADDRESS

Street Address: _____

Utility Acct #: _____ Do you: _____ Own _____ Rent

Landlord/Previous Owner: _____

Move in Date: _____ First Bill: _____

Meter Reading Date: _____ Meter Reading: _____

Date Deposit Paid: _____

Form of Payment: _____ CSH _____ CHK _____ M/O _____ CC | Ref #: _____

of Pets: _____ Current on City Tags: _____ YES _____ NO

Dog(s) _____ | Cat(s) _____ Tag #(s): _____

*The City of Quinter requires animals to be registered every year. Please have the current rabies vaccination record with you. We will keep a copy on file.

Automatic Bill Payment: _____ YES _____ NO

*If you choose YES, please fill out an automatic payment form.

Notes/Comments: _____
