

CORNING MUNICIPAL UTILITIES APPLICATION FOR UTILITY SERVICE

Name: _____

SS# or Tax ID# _____

Service Address: _____

Billing Address: _____

Telephone No. (H) (W) (C) _____

Email Address: _____

Number of Occupants: _____

Are there any other adults (over the age of 18) living at this residence? (Yes) (No) _____
(If yes, please list on back of this application.)

Please circle one: HOME OWNER RENTER

If you rent please list owner's Name: _____
Address: _____
Phone: _____

Should you wish to designate a third party to receive a copy of any notice to disconnect services resulting from nonpayment of a bill or deposit, you MAY do so below:

Name _____
Address _____

I hereby apply for utility services for the premises listed above beginning _____, pursuant to the rules of the utility. I will be held jointly and severally liable for payment of all bills rendered by the Utility for services received from the date of connection to the date service is discontinued.

I further agree to give the Utility no less than three business days notice prior to final termination of service.

Applicant's Signature

Date

Applicant's Signature

Date

(Office Use Only Below)

Approved by

Date

Deposit: \$ _____ Reconnect Fee: \$ _____ EL WT GS Total Due: \$ _____

cash check # _____ Date Paid _____ Receipt# _____