

# RUSSELL RESIDENTIAL MUNICIPAL UTILITY APPLICATION

APPLICATION FOR: Municipal Electric Service \_\_\_\_\_ Municipal Cable TV Service \_\_\_\_\_

Service to Begin On: \_\_\_\_\_ Circle: Owner Renter--Other side must be filled out

Address for Service: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_ Years there: \_\_\_\_\_

\*Birth Date: \_\_\_\_\_ Telephone # Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

*\*(Applications by persons under 18 years of age must be co-signed by a parent, guardian, or a responsible adult who will guaranty payment in event of non-payment by the applicant.)*

\*Mailing Address and P.O. Box # \_\_\_\_\_

*\*Notice: Since the Town of Russell does not have rural mail delivery service, you must have and maintain a post office box to which bills can be addressed in order to have municipal Utility Service. If you close your box and do not inform the Town of a new billing address, your service will be discontinued!*

Personal References: Name, Address, Telephone #, of relative or close friend for reference:

Reference #1: \_\_\_\_\_

Credit References: Name, Address, Telephone # of two companies or individuals who have extended credit to you in the last two years: *If applicant has no credit a Co-Signer must fill out a second application and be responsible for the bill.*

Creditor #1: \_\_\_\_\_

Creditor #2: \_\_\_\_\_

Employment Reference: Name, Address, Telephone #, of current employer. If unemployed write unemployed and explain how the service will be paid. \_\_\_\_\_

I understand that payment for Service is due no later than the 15th day after I receive the bill for the Service. Failure to pay on a timely basis will result in Service being discontinued. In order to reinstate service I must pay all past due bills, and any costs incurred by the Town as a result of my failure to pay, including but not limited to the costs of disconnecting and reconnecting Service, collection costs, court costs, and reasonable attorney's fees. I agree to notify the Town if I move out so that service will be terminated. Otherwise I will be liable for any utility costs incurred as a result of my failure to notify the Town.

I CERTIFY THAT I HAVE READ THIS APPLICATION AND AGREE TO ABIDE BY THE TERMS STATED HEREIN. I FURTHER CERTIFY THAT ALL INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE, AND AGREE TO INFORM THE TOWN UTILITIES OF ANY CHANGES IN THAT INFORMATION.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Electric Security Deposit \$100.00 or average 3 months usage (Circle) Cash Check # \_\_\_\_\_

Cable T.V. Subscription Fee \$ 50.00 NONREFUNDABLE (Circle) Cash Check # \_\_\_\_\_