

Winfield Municipal Utilities Application of Service

Date of Application: _____ Date of Service Change: _____

Primary Applicant:

First Name: _____ Last Name: _____

Date of Birth _____ Soc. Sec. Number _____ - _____ - _____

Service Address: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Number: _____

Email address: _____

Employer: _____ Work Phone: _____

Secondary Applicant:

First Name: _____ Last Name: _____

Date of Birth _____ Soc. Sec. Number _____ - _____ - _____

Phone number: _____ Email: _____

Employer: _____ Work Phone: _____

Is the service address: ___ Owned ___ Rented, Landlord's Name _____

Have you or any other occupant at this address ever had an account with Winfield Municipal Utilities?

(Please initial) _____ No _____ Yes, address of services _____

Applying for the Following Services (check all that apply)

___ Natural Gas ___ Water & Sewer Type of Service: ___ Residential ___ Commercial

Deposits:

Gas \$ _____ Water \$ _____ Credit reference letter from: _____

I hereby apply for the utility services described above and agree to pay all charges incurred in accordance with the rates, rules, and regulations legally in effect and on file at the utility. I understand I may be required to pay a deposit, which will be refunded or credited to my account at the completion of 12 billing periods during which no late charges have been assessed. If the account is closed, the deposit is applied to the final account balance. I also understand that the City of Winfield participates in the Income Offset Program, to collect unpaid balances _____ (initial). Bills are NOT prorated, billing cycle is six weeks prior to billing statement. I also understand there is AMP gas budget program available.

I (we) have read and understand everything stated on this application.

Primary Applicant Signature _____ Date _____

Secondary Applicant Signature _____ Date _____

Office Use Only:

Date Rec'd _____ Account # _____ Date Work Order Completed _____

Deposit Amount: \$ _____ Payment Method _____ Date Paid _____ Approved By: _____