

## 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: \_\_\_\_\_

I would like to receive my monthly utility bill via email. (Please initial)  No  Yes**Secondary 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: \_\_\_\_\_

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 to customers with 12-month usage history with the City of Winfield.

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: \_\_\_\_\_