

CITY OF PLAINFIELD

APPLICATION FOR UTILITY SERVICES AND CUSTOMER DEPOSIT REQUIREMENTS

**** MUST BE 18 YEARS OF AGE****

1) Name _____

2) Name _____

Service Address _____

Billing Address (If Different / PO BOX) _____

Cell Phone _____ Cell Phone _____

Email address _____

1) Employer _____ Phone _____

2) Employer _____ Phone _____

Previous Address _____

City

State

Landlord's Name, Phone # and Mailing Address (if renting) _____

Size of Garbage Cart Requested:

64 gallon \$80 qtr.

96 gallon \$80 qtr.

In case emergency services are required, and we are unable to locate you, please list a friend or relative living nearest to you whom we could contact:

Name _____ City _____ Phone _____

I hereby apply for Plainfield utility services for the above service address and agree to pay the required **\$150 customer deposit**. I/WE agree to pay all bills rendered by the City of Plainfield for services received at date of connection to the date services are discontinued. I further agree to give prior notice to the City Clerk of the City of Plainfield of my intent to discontinue services.

Signed _____
Date

Signed _____
Date

The following information is kept confidential and is not Public Record

Applicant #1

1) Social Security # _____ Date of Birth _____

Applicant #2

2) Social Security # _____ Date of Birth _____

To prevent Identity Theft a copy of a Government Issued Photo ID is REQUIRED to be attached to this application.

By signing above, I/We agree to pay for all utilities provided to me by the City of Plainfield. If I/we fail to pay bills on a timely basis, I/we understand that utility service may be discontinued. Should I/we leave the City of Plainfield service area with an outstanding balance due to them, or should my service be disconnected for non-payment, my deposit will be credited to said outstanding account, and the balance, if any, forwarded to me/us. In the case of disconnection for non-payment, I/we understand that full payment of any outstanding balance up to and including the date of disconnection service charge will be required in order to have utilities reconnected at that location or to get utility service at a new location in the service area. I/we understand that in the event that I/we are renting, our landlord may request information or be notified of the status of my/our account at any time.

WELCOME TO PLAINFIELD

-OFFICE USE ONLY-

Deposit Information:

Received by _____ Account Number _____

Deposit \$ _____ Check # _____ Cash _____ Date Paid _____

Service Date to Begin _____ Deposit Recorded in Master _____

Used for Shut-Off Payment _____

Customer Moved, Applied on Final Bill _____

Customer Moved, Refunded Full Deposit _____

Refunded By _____ Date _____

Removed from Master on _____