

APPENDIX "R"

City of Sullivan
Utility Service Application



Service Address _____ Mailing Address _____
_____ Own _____ Copy of real estate transfer document attached?
_____ Rent _____ Copy of rental agreement or receipt of rent payment, signed and dated by
landlord, attached?
Service Activation Date _____ Service Deposit Amount \$ _____

Applicants Legal Name _____
Former Last Names _____
Date of Birth _____
Drivers License Number _____ Social Security Number _____
Phone Number - Home/Cell _____ Phone Number - Work _____
Employer _____
Employer's Address _____

Co-Applicants Legal Name _____
Former Last Names _____
Date of Birth _____
Drivers License Number _____ Social Security Number _____
Phone Number - Home/Cell _____ Phone Number - Work _____
Employer _____
Employer's Address _____

Have you or any other occupant at this address ever had a utility account with the City of Sullivan? _____
If yes, state former address _____ If No, please initial _____
Number of Occupants _____ Occupant Names _____
If Renting, Landlord Name _____ Landlord Phone _____

I request utility service at the above address. I have proof of my status as owner or renter of the above address and will furnish proof of same upon request of the City of Sullivan. I certify that the above information is accurate, and that I will be responsible for payment of the entire bill. Additionally, if the City of Sullivan determines that I, or any other occupant at this address, owes past due balances to the City of Sullivan, I will be responsible for payment of those balances and any associated fees.

I agree that if I am the owner of the premises, I consent to a lien being filed against said property by the City for the full amount of the arrearage, plus any penalties assessed thereto.

I also agree that failure to pay any amount due can result in termination of services, and legal action for the collection of such sums, plus interest. I agree also to pay court costs and reasonable attorney fees of 33% of the balance due. If my account is turned over to a collection agency, then I agree to be responsible for all reasonable fees necessary for the collection of the delinquent account including, but not limited to, collection agency fees of 50% of the balance due.

Applicant Signature _____ Date _____
Co-applicant Signature _____ Date _____