

# APPLICATION FOR SERVICE

DATE: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_ (FOR OFFICE USE ONLY)

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT \_\_\_\_\_

NAMES OF ADULTS IN HOUSEHOLD	PHONE#	SSN#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## PLACE OF EMPLOYMENT

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## REFERENCES (NEED 2 WITH NAME AND PHONE NUMBER)

1. \_\_\_\_\_
2. \_\_\_\_\_

I HEREBY AUTHORIZE THE CALHOUN UTILITIES TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, FINANCIAL AND CREDIT RECORD THROUGH ANY INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS CHOSEN BY CALHOUN UTILITIES. I UNDERSTAND THE CREDIT REPORT OBTAINED AND CONSIDERED WILL COMPLY WITH THE PROVISIONS OF THE FAIR CREDIT REPORTING ACT.

YOUR UTILITY DEPOSIT WILL BE BASED UPON THE ABOVE INFORMATION

## SIGNATURES

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