

APPLICATION FOR SERVICE

DATE: _____ ACCOUNT# _____ (FOR OFFICE USE ONLY)

SERVICE ADDRESS: _____

NAMES OF EACH ADULT LIVING IN HOUSEHOLD	SSN
1. _____	_____
2. _____	_____
3. _____	_____

PHONE NUMBERS FOR EACH ADULT	PLACE OF EMPLOYMENT
1. _____	_____
2. _____	_____
3. _____	_____

REFERENCES (NEED 2 WITH NAME AND PHONE NUMBER)

1. _____	_____
2. _____	_____
3. _____	_____

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

