

# GAS CITY MUNICIPAL UTILITIES

200 East North A Street

Gas City, In 46933

Phone (765) 674-6995 Fax (765) 677-3076

## APPLICATION FOR SERVICE

Date \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Soc Sec # \_\_\_\_\_

Soc Sec # \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

(address) \_\_\_\_\_

(address) \_\_\_\_\_

(phone) \_\_\_\_\_

(phone) \_\_\_\_\_

.....  
Number of persons living at this address: adults \_\_\_\_\_ children \_\_\_\_\_

Are you buying ( ) or renting ( ) if renting, Landlord's name \_\_\_\_\_  
.....

Have you ever lived in the service area of Gas City Utilities before? If yes, When? \_\_\_\_\_

Where? \_\_\_\_\_

Do you presently owe Gas City Utilities for any past utility services? YES ( ) NO ( )  
.....

A person who would know your whereabouts if we need to contact you (not living at this same address):

Name \_\_\_\_\_ Phone \_\_\_\_\_  
.....

ELECTRIC DEPOSIT \$ \_\_\_\_\_

WATER DEPOSIT \$ \_\_\_\_\_  
.....

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE