

TOWN OF RICHLANDS
Request for Service Application

Date: _____

Requested Service Date: _____

Name of Customer: _____ S.S.N.: _____ DOB: _____

Name of Spouse: _____ S.S.N.: _____ DOB: _____

Other who have permission to receive information on your account: _____

Customer Phone No.: _____ Work Phone No.: _____

Nearest Relative and Address/Phone : _____

Address of Requested Service

Billing Address

Customer Addresses: _____

Service Request: _____ Electric _____ Water _____ Sewer _____ Garbage

Type of Structure: _____ House _____ Apartment _____ Mobile Home _____ Double Wide

Location of Service: _____ In Town _____ Out of Town of Richlands

Do you own or rent? _____ own _____ rent

Have you ever had an account with the Town of Richlands? _____ yes _____ no

If yes, please give last account number: _____

I declare that the following statements are true, full and correct to the best of my knowledge and belief. I have also received a copy of the information sheets regarding the Town of Richlands general information.

Signature _____ Date _____

.....
FOR OFFICE USE ONLY
.....

Book No. _____ Meter No. _____ Account No.: _____ Date: _____ By: _____

Is there a Deposit needed? _____ yes _____ no If yes, give amount : \$ _____

Does customer have good standing? _____ yes _____ no

If no, give comment:

Is a Zoning Permit needed? _____ yes _____ no

Signature _____ Date _____