



Please fill out & sign the following form digitally, or print and fill out. Then, submit it with one of the following methods:

1. Scan and email to Elsie Lee: elee@fallonnevada.gov
2. Fax to Elsie Lee at the City of Fallon: 775-423-8874
3. Print and bring into the City of Fallon City Hall office and turn into Elsie Lee.

Utility Start-Up Requirements

1. Fill out the New Service Request form, making sure that all your required information is listed, the service start date is completed and the form is signed.
2. Provide a photo copy of a valid government issued picture I.D.
3. If your current service is with the City of Fallon, your payment history with the City of Fallon will be used to determine if a security deposit is required.
4. If you are new to the City of Fallon, you will need to either pay a deposit, provide a letter of credit or obtain a co-signer.
 - Deposit –The deposit is refunded to the account after 12 months of on time payments. If at any time you are late, the 12 months starts over. If you disconnect service before 12 months, the deposit is applied against your final bill.
 - Letter of Credit – You may obtain a letter of credit from any utility company stating the following:
 - Service for the previous 12 consecutive months
 - No more than one (1) late payment
 - No disconnects due to non-payment of utilities
 - Co-Signer – Your co-signer needs to provide a letter of credit, with the same requirements as above, provide a valid government issued photo I.D., and fill out the customer 2 side of the application. The co-signer must remain on the account until the account history reflects 12 months of on time payments.



CITY OF FALLON NEW SERVICE REQUEST

TURN ON DATE: _____
 SERVICE ADDRESS: _____

Customer 1

Customer Name: _____
 Mailing Address: _____
 (if different) _____
 Previous Address: _____

 Phone#: _____
 Social Security#: _____
 DL#: _____ State: _____
 Current Employer: _____
 Phone#: _____
 Address: _____

Emergency Contact

Name: _____
 Address: _____

 Phone#: _____

Customer 2

Customer Name: _____
 Mailing Address: _____
 (if different) _____
 Previous Address: _____

 Phone#: _____
 Social Security#: _____
 DL#: _____ State: _____
 Current Employer: _____
 Phone#: _____
 Address: _____

Emergency Contact

Name: _____
 Address: _____

 Phone#: _____

By signing below, you are representing that the information provided in this request form is true and correct and that you are authorized, by the way of ownership or legal occupation of the premises described below, to request the provision of utilities to the premises.

Signature: _____
 Date: _____

Signature: _____
 Date: _____

FOR OFFICIAL USE

Account Number				
Deposit		Service Charge		
Electric		Electric		
Water		Water		
Total Deposit		Total Service Charge		
Date Paid		Bill Acct	Yes	No

Deposit Payment Schedule			
Amount Paid		Date	
Amount Due		Date	
Amount Due		Date	
Computer Entry By		Date	