



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	