



Please fill out & sign the following form digitally, or print and fill out. Then, return it to the City of Fallon, City Clerks Office.

### 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	