

**CITY OF MARLOW
RESIDENTIAL APPLICATION**

SERVICE ADDRESS _____ **BEGINNING SERVICE DATE** _____

Is address going to be occupied? YES NO Occupant is the: Owner Renter

Mailing Address _____

City _____ State _____ Zip _____

APPLICANT INFORMATION

APPLICANT'S NAME: FIRST _____ MIDDLE _____ LAST _____

ID# and TYPE _____ Driver's License or State ID Military Passport

State Issued _____

Primary Phone # _____ Cell Phone # _____

Date of Birth _____ SSN# _____ Email Address _____

Employer/Position _____ Work Phone # _____

Previous Residential Address _____ City /State _____

SPOUSE OR CO-APPLICANT

NAME: FIRST _____ MIDDLE _____ LAST _____

ID# and TYPE _____ Driver's License or State ID Military Passport

State Issued _____

Primary Phone # _____ Cell Phone # _____

Date of Birth _____ SSN# _____ Email Address _____

Employer/Position _____ Work Phone # _____

Previous Residential Address _____ City /State _____

New Customer YES NO

I/WE AGREE THAT THIS APPLICATION FOR UTILITIES, WHEN ACCEPTED WILL CONSTITUTE A BINDING CONTRACT BETWEEN MYSELF/OURSELVES AND THE CITY OF MARLOW.

I/We AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED TO ME/US AT THE ABOVE NOTED PROPERTY. I/WE AGREE TO PROMPTLY PAY FOR UTILITY SERVICES RECEIVED ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY THE CITY OF MARLOW. I/WE AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAW, CITY OF MARLOW ORDINANCES AND REGULATIONS, AND CITY OF MARLOW PROCEDURES AND GUIDELINES. APPLICANTS UNDERSTAND THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED. I/WE ACKNOWLEDGE AND AGREE THE CITY OF MARLOW MAY COLLECT, USE AND DISCLOSE TO ANY THIRD PARTY ANY AND ALL PARTICULARS RELATING TO MY/OUR PERSONAL INFORMATION FOR THE PURPOSES OF (I) PROVIDING THE REQUESTED SERVICES, (II) BILLING AND ACCOUNT MANAGEMENT (INCLUDING DEBT COLLECTION OR RECOVERY); (III) CONDUCTING SURVEYS OR OBTAINING FEEDBACK; (IV) INFORMING ME / US OF THEIR OR THEIR RELATED ENTITIES' AND BUSINESS AFFILIATES' SERVICES AND OFFERS (UNLESS I/WE DULY INFORM YOU OTHERWISE); AND (V) COMPLYING WITH ALL APPLICABLE LAWS AND REGULATIONS, AND BUSINESS REQUIREMENTS. FURTHERMORE, I/WE AUTHORIZE THE CITY AND ITS VENDORS TO CONTACT ME/US BY ANY MEANS AVAILABLE NOT LIMITED BY CELL, TEXT OR EMAIL.

DUE DATE FOR BILLING IS ON THE 10TH OF EACH MONTH. ON THE 11TH, A 10% PENALTY IS CHARGED, ON THE 20TH ELECTRIC DISCONNECTED.

I/WE UNDERSTAND THAT SHOULD THE CITY HAVE TO DISCONNECT MY SERVICE DUE TO NON-PAYMENT A RECONNECTION FEE OF \$20.00 AND AN EXTRA \$25.00 METER DEPOSIT WILL BE CHARGED. THE TOTAL BILL AND FEES MUST BE PAID IN FULL (NO CHECKS ACCEPTED). SHOULD I/WE TURN ANY UTILITIES BACK ON THAT HAS BEEN TURNED OFF FOR NON-PAYMENT; I/WE WILL BE ISSUED A CITATION FOR METER TAMPERING, AS WELL AS THE RECONNECT FEE AND ANY OURSTANDING PAYMENT BEFORE UTILITY IS TURNED BACK ON.

X _____
APPLICANT SIGNATURE DATE

X _____
SPOUSE OR CO-APPLICANT SIGNATURE DATE

FOR INTERNAL USE ONLY - Customer # _____ Security Deposit \$ _____ CS Rep _____