

CITY OF AKRON MUNICIPAL UTILITIES APPLICATION FOR SERVICE

Name of Primary Applicant: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_  
(Responsible for all decisions regarding this account)

Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name of Secondary Applicant: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_  
(Spouse or other responsible adult in the household, also responsible for decisions regarding this account)

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Other Adults Responsible for the Premise:

\_\_\_\_\_  
(First/Last Name)

\_\_\_\_\_  
(First/Last Name)

Is the service address:

- Owned
- Rented? If rented, enter landlord's name \_\_\_\_\_

**Please list the last Utility you have received service from.**

Address where service was received: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utility Co.'s name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Acct. number: \_\_\_\_\_

I hereby apply for the following: electricity, water, sewer, garbage and landfill services and agree to pay all charges incurred in accordance with the rates, rules, and regulations legally in effect and on file at the City of Akron. I understand I may be required to pay a deposit, which will be refunded or credited to my account at the completion of 12 billing periods during which no late charges have been assessed. If the account is closed, the deposit is applied to the closing with the balance returned to the person who made the deposit.

I (we) have read and understand everything stated on this application.

(Signature of Primary Applicant) \_\_\_\_\_ (Date) \_\_\_\_\_ (Signature of Secondary Applicant) \_\_\_\_\_ (Date) \_\_\_\_\_

(Signature of Other Responsible Adult) \_\_\_\_\_ (Date) \_\_\_\_\_ (Signature of Other Responsible Adult) \_\_\_\_\_ (Date) \_\_\_\_\_

**Office use only**

Deposit amt: _____ Paid Y or N	Mail Standard Paid Y or N
Rec #: _____	