



APPLICATION FOR SERVICE

ADDRESS INFORMATION:

ACCOUNT TYPE:

- (NON-RESIDENTIAL FORM MUST ALSO BE FILLED OUT FOR ALL ACCOUNT TYEPES OTHER THAN RESIDENTIAL)

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PERSONAL INFORMATION:

CUSTOMER/BUSINESS NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO./TAX ID NO: _____

PRIMARY PHONE NO.: _____

DRIVER'S LICENSE/ID NO. (MUST PROVIDE COPY): _____

PLACE OF EMPLOYMENT: _____

OWN/RENT (CIRCLE ONE) IF RENTING, MUST INCLUDE A COPY OF RENTAL/LEASE AGREEMENT. CLOSING DOCUMENTS WILL BE REQUIRED WHEN PURCHASING. MUST INCLUDE WITH APPLICATION.

LANDLORD NAME: _____

SECONDARY:

SPOUSE/ROOMATE/BUSINESS PARTNER NAME: _____

REPLATIONSHIP: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

CELL NO.: _____

EMPLOYER NAME: _____

EMERGENCY CONTACT PERSON (NOT LIVING IN HOUSEHOLD): _____

RELATIONSHIP (TO PRIMARY CUSTOMER): _____

MAILING ADDRESS: _____

HOME/CELL NO: _____

REQUESTED CONNECT SERVICE DATE: _____

*****CITY CORPORATION WILL MAKE AN ATTEMPT TO MEET REQUEST BASED UPON THE VOLUME OF PREVIOUSLY SCHEDULED ORDERS.*****

____ **E-BILLING (PAPERLESS ELECTRONIC STATEMENTS)**

*****NOTE (BY SIGNING UP FOR E-BILLING SERVICE, A PAPER INVOICE WILL NOT BE MAILED VIA US POSTAL SERVICE)*****

- **E-MAIL ADDRESS:** _____
- **SIGN UP TODAY AT www.citycorporation.com**
- **SIGN UP AT CITY CORPORATION BUSINESS OFFICE (MUST PROVIDE VOIDED CHECK)**

BY SIGNING, I AGREE THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED BY ME TO BE TRUE AND ACCURATE.

SIGNATURE: _____

FOR ONLINE ACCOUNT ACCESS YOU CAN VISIT www.citycorporation.com. YOU CAN MAKE ONLINE PAYMENTS, VIEW PAYMENT HISTORY, USAGE INFORMATION, ETC...