

David City Utilities
Application for Utilities
Electric-Water-Sewer

Date: _____

Name: _____

Service Address: _____

Mailing Address: _____

Phone Number (Home) _____ (Work) _____

Name of Property Owner: _____

Rent Home/Business Y or N Own Home/Business Y or N

E-mail address: _____

Driver's License No.: _____

Date of Birth: _____

Social Security Number: _____

In Case of Emergency Notify: _____ Phone: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Date lived there from _____ to _____

Previous Employer: _____

Current Employer: _____

A \$300.00 deposit is required for all new customers. This deposit will be returned after two years without a delinquent bill or when the customer moves out of town.

Applicant's Signature

City Employee's Signature

Utility Deposit Payment
Date: _____
Amount Paid: _____
Check: _____
Cash: _____

OFFICE USE ONLY!

____ Copy of Driver's License

____ Service Deposit Receipt

____ Move In/ Move Out