CITY OF HART - UTILITIES APPLICATION

APPLICATION TYPE: **SINGLE** _____ **JOINT** _____

REQUIREMENTS:

1. **PHOTO ID(S)**
2. **$200.00 SECURITY DEPOSIT**
3. **COPY OF A SIGNED RENTAL LEASE OR MORTGAGE DOCUMENT**

Date Moved In: _____ Power Already On: YES _____ NO _____

Name: _____ Water Already On: YES _____ NO _____

Mailing Address _____ Partner's Name: _____

Service Address _____

Social Security #: _____ Partner's Soc. Sec. #: _____
REQUIRED REQUIRED

Email: _____ Partner's Email: _____

Phone #: _____ Partner's Phone #: _____

Cell #: _____ Partner's Cell #: _____

Employer: _____ Partner's Employer: _____

Name and Phone number of Landlord: _____

Names of other adults living in the residence: _____

Closest Relative - Phone and Address: _____

* By signing this utility application, you agree to opt-in to receive text alerts from the City of Hart.
Please check this box if you decline to be opted-in to receive text alerts from the City of Hart: _____

Applicant(s) MUST notify the City Hall when moving out (873-2488) and supply a forwarding address. If the City is not notified, above applicant(s) will be responsible for all utilities until someone else assumes responsibility, be It the landlord or the next tenant.

If the landlord or DHS inquires as to the status of your account the City has your permission to give them any information requested. If this account becomes delinquent, a shut-off notice will be mailed to the customer and the landlord. Any delinquent accounts will be subject to collection using the information supplied on this application.

I (WE) HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS

X _____
CUSTOMERS SIGNATURE DATE:

X _____
CUSTOMERS SIGNATURE DATE:

CITY USE ONLY

ACCOUNT: READING SEQUENCE #:

ELECTRIC METER #: START ELECTRIC READ:

LAST TENANT: START WATER READ:

DEPOSIT PAID: