

APPLICATION FOR UTILITIES  
CITY OF CROSWELL

ROUTE \_\_\_\_\_

100 N. Howard, Croswell, MI 48422  
810-679-2299 Fax 810-679-2313

PLEASE PRINT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(List other adult occupants)

DRIVER LICENSE #: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PRESENTLY EMPLOYED BY: \_\_\_\_\_

ADDRESS OF SERVICE: \_\_\_\_\_  
*(IF RENTING, A COPY OF LEASE AGREEMENT IS REQUIRED ALONG WITH PROPERTY OWNER NAME)*

RENT / OWN: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
(If different than service address)

PREVIOUS ADDRESS: \_\_\_\_\_

# OF OCCUPANTS: \_\_\_\_\_ UTILITY DEPOSIT: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

DATE OF ACTIVATION: \_\_\_\_\_

Please check one box for ethnicity and one box for race.

ETHNICITY:		RACE:	
Hispanic _____	American Indian/Alaskan Native _____	Asian _____	
Non-Hispanic _____	Black or African American _____	Native Hawaiian _____	
TOTAL _____	White _____	TOTAL _____	
Male _____			
Female _____			

"The information regarding race, national origin, and sex designation solicited on this application (form) is requested in order to assure the Federal Government, acting through USDA, Rural Development, that Federal Laws prohibiting discrimination against applicants (users) on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application {form} or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

I understand that the City of Croswell will discontinue utilities to any premise whenever the charges incurred are not paid within 30 days from billing date according the City Ordinance #128 and the established procedures:

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
City of Croswell (Rep)

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Office Use:

Acct. #: \_\_\_\_\_

Elect: \_\_\_\_\_ Water: \_\_\_\_\_ Date: \_\_\_\_\_ Seq. #: \_\_\_\_\_ Meter #: \_\_\_\_\_

Services to be billed for: Elect: \_\_\_\_\_ Water: \_\_\_\_\_ Sewer: \_\_\_\_\_ Garbage: \_\_\_\_\_

Elect Heat: \_\_\_\_\_

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