NEW CUSTOMER / REACTIVATION SHEET

Date: _____

* Services will NOT be turned on until we get a mailing address!

Name: _____

P.O. Box #: _____

Street Address: _____

Telephone #: _____

Driver's License #: _____

Meter Deposit Receipt #: _____

Account #: _____ Transferred From: _____

Fire Dept: _____ EMS: _____ Library: _____

****

Customer to initial receipt of:

_____ Gas Awareness _____ Gas Customer Notice

****

_____ Prepared for computer _____ Entered into computer

_____ Numeric Acct. Card _____ Alpha Acct. Card

ADJUSTMENTS TO BE MADE AFTER ACCOUNT HAS BEEN ENTERED IN THE COMPUTER

☐ $5.00 Set up Fee ☐ $5.00 Confidentiality Request

☐ $5.00 Reactivation Fee ☐ $10.00 Misc. Service Charge

Water Meter #: _____

Gas Meter #: _____