

CITY OF BELLS

APPLICATION FOR NEW SERVICES

Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

911 Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

S.S. \_\_\_\_\_ D.L. \_\_\_\_\_

Number In Household \_\_\_\_\_

Services Needed Gas \_\_\_\_\_ Water \_\_\_\_\_

Is This a Transfer \_\_\_\_\_

Date Of Service \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

THIS IS A NON REFUNDABLE HOOK UP FEE. \_\_\_\_\_

I, the undersigned, agree that, in the event of default of the payment of any amount due, and if this account is placed in the hands of a collection agency or attorney for collection or legal action, I will be responsible for payment of any additional charge equal to the cost of collection including collection agency fees, attorney fees and court costs incurred.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_