

— VILLAGE OF —
EDGERTON
Our Hometown Yours and Mine

Name 1 _____ DOB _____

SS# _____ DL# _____

Employer _____ Phone # _____

Name 2 _____ DOB _____

SS# _____ DL# _____

Employer _____ Phone # _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Occupants _____

List Household Members _____ Phone _____
(Over 18)

_____ Phone _____

Bank _____

Previous Address _____

Email Address _____

Outside Contact Person _____ Phone _____

Rent/Own _____ Landlord _____

I certify that the above information is complete and true to the best of my knowledge, and I understand that Utility Service will be disconnected for non-payment 10 days after the due date.

Signature _____ Date _____

Signature _____ Date _____

ANY FALSIFICATION OF THIS APPLICATION WILL RESULT IN TERMINATION OF SERVICE. SUMMARY OF RULES AND REGULATIONS CAN BE FOUND ON REVERSE SIDE.