

TOWN OF RICHLANDS
Request for Service Application

Date: _____ Requested Service Date: _____

Name of Customer: _____ S. S. N. _____ DOB: _____

Name of Spouse: _____ S. S. N. _____ DOB: _____

Customer Phone No.: _____ Work Phone No.: _____

Address of Requested Service

Billing Address

Customer Addresses: _____

Service Request:

Electric Water Sewer Garbage

Type of Structure:

Residence Apartment Mobile Home Double Wide

Location of Service:

In Town Out of Town of Richlands

Do you own or rent?

Own Rent

Have you ever had an account with the Town of Richlands?

Yes No

If yes, please give last date of service: _____

I declare that the following statements are true, full and correct to the best of my knowledge and belief. I have also received a copy of the information sheets regarding the Town of Richlands General Information.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Account No.: _____ Date: _____ By: _____

In there a Deposit Needed? Yes No If yes, give amount: \$ _____

Does Customer have good standing? Yes No

If no, give comment: _____

Is a Zoning Permit needed? Yes No

Signature: _____ Date: _____