

CITY OF CARLYLE, ILLINOIS
UTILITY SERVICE APPLICATION

ACCOUNT NAME: _____

ACCOUNT ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

PREVIOUS ADDRESS: _____

PREVIOUS UTILITY COMPANY: _____

PLACE OF EMPLOYMENT: _____

I, _____, hereby request the City of Carlyle to furnish utility serve at the above address. I also agree to pay all bills promptly when rendered and to be responsible for all utilities consumed at the above address. I further agree that if I do not pay my utility bill by the 20th of the month following the due date, the City is authorized to discontinue such serve without further notice to me. I further agree that I will conform to and abide by the latest edition of the national electric code and any and all of the rules, regulations and provisions of the City Codes pertaining to the use of and regulation of electrical energy to customers, as well as apparatus, appliances, and fixtures in the premises served, in use at the time of application and as altered or added after completing the application for electric service.

DATE: _____ SIGNATURE: _____