

CITY OF SYRACUSE
495 MIDLAND ST, PO BOX F
SYRACUSE, NE 68446
(402) 269-2173

APPLICATION FOR UTILITY SERVICE

Connection Date: _____	Spouse's Name: _____
Name: _____	Roommate's Name: _____
Driver's License #: _____	Social Security #: _____
Date of Birth: _____	Home/Cell #: _____
Social Security #: _____	Employer: _____
Email Address: _____	Employer #: _____
Home/Cell #: _____	Homeowner: <input type="checkbox"/>
Employer: _____	Renting: <input type="checkbox"/>
Employer #: _____	Landlord's Name: _____
	Service Address: _____
	Mailing Address: _____

If you wish to designate a "Third Party" to be notified in case of disconnection of service, please indicate. It will be necessary for your to inform this person that he/she is your "Third Party".

Name: _____ Address: _____

Phone: _____

Customer agrees to notify the City of Syracuse when service is no longer desired. Customer has received a copy of the City of Syracuse "Utility Service Policies".

Signature: _____ Printed Name: _____

Office Use Only

Deposit Date: _____ Book #: _____ Amount: _____