



**PETERSBURG BOROUGH  
APPLICATION FOR UTILITY SERVICES**

**FORMS NOT FULLY COMPLETE MAY DELAY CONNECTION OF SERVICES**

Do you have an existing account? Yes  No

Do you want one statement for multiple addresses? Yes  No

Are you a renter at this location? Yes  No

Are you the owner of this location? Yes  No

LANDLORD NAME:

Emailed Statements? Yes  No  Paperless? Yes  No

NAME-PRIMARY-APPLICANT

DATE

LOCATION OF SERVICE (STREET NAME, APT #, SPACE #, STALL #)

MAILING ADDRESS FOR BILLING

CITY, STATE, ZIP

TELEPHONE NUMBER

EMAIL ADDRESS

NAME-CO-APPLICANT

DATE

LOCATION OF SERVICE (STREET NAME, APT #, SPACE #, STALL #)

MAILING ADDRESS FOR BILLING

CITY, STATE, ZIP

TELEPHONE NUMBER

EMAIL ADDRESS

WOULD YOU LIKE THIS ACCOUNT SET UP ON AUTOPAY? (ADDITIONAL FORM NEEDS TO BE FILLED OUT) YES

UTILITY SERVICES TO CONNECT:

PMT METHOD CK  CASH  C/C

SERVICE:	ELECTRIC <input type="checkbox"/>	WATER <input type="checkbox"/>	SEWER <input type="checkbox"/>	GARBAGE/ SIZE <input type="checkbox"/>
DEPOSIT:	\$	\$	\$	\$

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS THE OWNER/LEASEE/TENANT OF THE PREMISES WHERE SERVICE IS APPLIED FOR WITH LAWFUL AUTHORITY TO SIGN THIS APPLICATION FOR UTILITY SERVICE AND AGREES TO PAY THE APPLICABLE RATES AND ABIDE BY THE TERMS AND CONDITIONS AS PRESCRIBED BY THE BOROUGH ORDINANCE AND UTILITY TARIFF FOR ALL PRESENT AND FUTURE UTILITY SERVICE. ACCEPTANCE OF THE APPLICATION BY THE PETERSBURG BOROUGH CONSTITUTES A CONTRACT BETWEEN THE CITY AND THE APPLICANT. ALL ATTORNEY COSTS AND FEES INCURRED BY THE BOROUGH FOR THE COLLECTION OF ANY UNPAID ACCOUNT SHALL BE PAID BY THE APPLICANT. I HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS VOLUNTARILY SUBMITTED FOR THE PURPOSE OF RECEIVING UTILITY SERVICE. IT IS UNDERSTOOD THAT UPON PRESENTATION, THE APPLICATION BECOMES THE PROPERTY OF THE CITY. I ALSO CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

**APPLICANT INFORMATION**

**CO-APPLICANT INFORMATION**

PREVIOUS ADDRESS	HOW LONG?	PREVIOUS ADDRESS	HOW LONG?
SOCIAL SECURITY #		SOCIAL SECURITY #	
DRIVERS LICENSE # and STATE		DRIVERS LICENSE #	
BIRTH DATE		BIRTH DATE	
APPLICANT EMPLOYMENT INFORMATION		CO-APPLICANT EMPLOYMENT INFORMATION	
OCCUPATION		OCCUPATION	
EMPLOYER		EMPLOYER	
TELEPHONE NUMBER		TELEPHONE NUMBER	
APPLICANTS PREVIOUS UTILITY SERVICE		CO-APPLICANT PREVIOUS UTILITY SERVICE	
UTILITY COMPANY NAME		UTILITY COMPANY NAME	
TELEPHONE NUMBER		TELEPHONE NUMBER	
TYPE OF SERVICE (ELECTRIC, WATER, SEWER, GARBAGE)		TYPE OF SERVICE (ELECTRIC, WATER, SEWER, GARBAGE)	
DATE STARTED	DATE ENDED	DATE STARTED	DATE ENDED

**FOR OFFICE USE ONLY**

ACCOUNT NUMBER \_\_\_\_\_

CONNECTION DATE: \_\_\_\_\_

TOTAL DEPOSIT \_\_\_\_\_

DATE \_\_\_\_\_

CONNECT FEES	WATER \$	ELECTRIC \$
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