

Date: _____

CITY OF WINSLOW
Application for Utility Service

Name (Last) (First) (MI) (Maiden Name)				
Service Location				
Mailing Address				
Home Phone		Drivers Lic#		SS#
Previous Address				
Employer		Position		Years of Employment
Work Address			Work Phone	
Spouse Name (Maiden Name)			SS#	
Employer		Position		Years of Employment
Work Address			Work Phone	
Have you had utility service with the City of Winslow before, if so: no Service Location: _____ Service Dates: _____ Under What Name: _____				
Service Location: _____ Service Dates: _____ Under What Name: _____				
List all adult individuals living in this household: _____ _____ _____				
(All adult individuals listed will be considered co-applicants for services at this location.)				
Personal Reference: (Name)		Address		Phone #

(It is a Class 2 Misdemeanor to provide false information)

Applicant Signature _____

Requested Connection Date: _____

Required Deposit: _____ \$170.00

Turn On/Transfer Fee: _____ \$15.00

Cust.Serv.Repr. _____

City of Winslow
928-289-5533
928-289-3742 Fax