## CITY OF ESSEX

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## Utility Application <u>Customer's Name</u> (First, MI, Last) Date of Birth \_\_\_/\_\_ SS# Driver's License # Mailing Address (PO Box) Street Address Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail Employer Employer's Address Work Phone # Move In Date \_\_\_\_\_ If renting...landlord's name \_\_\_\_\_ Monthly ACH payments are available. Please inquire at City Hall for more information. Also, debit/credit cards are accepted at City Hall during business hours or online at www.GovPayNow.com or call 1-888-604-7888. Co-Occupant's Name (First, MI, Last) Date of Birth \_\_\_/\_\_\_ SS# Driver's License # Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_ Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Contact (not living at address) \_\_\_\_\_ Phone \_\_\_\_ Account # Deposit Date Account Type: Residential or Commercial Refund Date \_\_\_\_\_ Check # \_\_\_\_ Move out Date \_\_\_\_ Address check mailed to Other Information

Comments \_\_\_\_