Dee Johnson, Ward 1
Leah Howk, Ward 2
Earl Howard, Ward 3
Jeff Anderson, At-Large
Jerry Kincart, At-Large

Bloomfield
EST. 1855

Chris Miller, Mayor
Ted Henderson, DPW
Michael Moreland, Attorney
Carol Taylor, City Clerk-Treas.

Application For Utility Service / Residential

Date of Application _____

Primary Applicant's Legal Name (Please Print)_____Date of birth (DOB)_____

Service Address _____

Billing Address _____

Social Security Number _____ Home Phone _____

Driver's License Number _____ Cell Phone_____

Employer's Name _____ Employer's Phone _____

Spouse/Significant Other's Name_____ Social Security Number_____

Date of birth (DOB)_____ Phone _____

Employer's Name_____ Employer's Phone_____

Have you ever had a utility service with the City of Bloomfield? ____ If so, when?_____

I hereby apply for utility services for the premises listed above beginning _____, 20____. Pursuant to the rules of the utility, I agree to pay all bills rendered by the utility until I give notice to the utility to discontinue services.

Applicant's Signature _____

Spouse/Significant Other's Signature _____

Primary applicant is required to submit 2 forms of ID. Spouse/Significant Other must submit 1 form of ID.

PERSONAL CONTACTS (PRIMARY APPLICANT)

Name _____

Address & Phone Number _____

Name _____

Address & Phone Number _____

In case of emergency, please list the name, address and phone number of an individual or your working facility that we would be able to get in touch with you during the day.

Name _____

Address _____ Phone _____

List names and ages of all persons residing at the above address who are not 18 years of age <u>or</u> who are a dependent of one of the persons signing the application.

_____

_____

IF RENTING - PLEASE COMPLETE

Landlord _____

Address & Phone _____

Joint Owners of Account – All Occupants over the age of 18 who are not a "dependent" of one of the others as defined by state and federal income tax provisions, are required to sign this contract and present 1 form of ID.

Legal Name (Please Print)_____Social Security Number _____

Cell Phone_____ Date of Birth_____

Occupant's Signature_____

Legal Name (Please Print)_____Social Security Number _____

Cell Phone_____ Date of Birth_____

Occupant's Signature_____

Legal Name (Please Print)_____Social Security Number _____

Cell Phone_____ Date of Birth_____

Occupant's Signature_____

Legal Name (Please Print)_____Social Security Number _____

Cell Phone_____ Date of Birth_____

Occupant's Signature_____

Legal Name (Please Print)_____Social Security Number _____

Cell Phone_____ Date of Birth_____

Occupant's Signature_____

Legal Name (Please Print)_____Social Security Number _____

Cell Phone_____ Date of Birth_____

Occupant's Signature_____

Applicants certified, under oath, all information set forth herein is true and correct and acknowledges that the City of Bloomfield may terminate without notice, utility services, in the event it is determined that the applicant has furnished any false information herein or has failed to disclose all information requested herein.
All persons signing this application also certify, under penalty of perjury, that no one who is not a dependent of one of the others as defined above shall reside at this address other than the persons signing the application.

In addition, all signatories of this service contract agree to be jointly and severally liable for payment for all services rendered at above specified address.

Effective as of June 2, 2011, per City of Bloomfield Code of Ordinances, Section 111.05.