



UTILITY DEPOSIT CUSTOMERS

SURNAME	FIRST	MI	SUFFIX	SSN	DOB/AGE
CURRENT ADDRESS	CITY		STATE		ZIP
PREVIOUS ADDRESS	CITY		STATE		ZIP
TELEPHONE (IF AVAILABLE)					
CURRENT EMPLOYER NAME			OCCUPATION	CITY	STATE
SPOUSE SURNAME	FIRST	MI	SUFFIX	SSN	DOB/AGE

Credit Check

Deposit*

Gas \$200

Water \$100

Signature

Date

Please indicate if

Residential

Business

- **Customers with good payment history (with NO penalties) will be refunded/credited utility deposits after one year.**

Please furnish a copy of your Photo ID.