

BENTON MUNICIPAL UTILITIES NEW UTILITY SERVICE APPLICATION

ACCOUNT # _____

Applicants Name: _____ Date of Birth: _____ SS# _____
First Middle Int. Last
 Driver's License #: _____
 Employer: _____ Employer's Phone: (____) _____
 (Office use only) Driver's license verified by office personnel yes no (circle one)

Spouse/Roommate: _____ Date of Birth: _____ SS# _____
First Middle Int. Last
 Driver's License #: _____
 Employer: _____ Employer's Phone: (____) _____

Street Address of location you are moving into: _____ Apt #: _____
 Your Mailing Address: _____ City: _____ State/Zip: _____
(This is the address you would like your utility bill mailed to. To receive your mail in the Village of Benton you may need to obtain a post office box.)
 Date you would like utilities put into your name: _____ Your Phone: (____) _____
 Landlord's Name: _____ Landlord's Phone: (____) _____
 E-mail: _____ Would you prefer to receive the quarterly newsletter electronically? Yes No

You MUST provide all previous addresses within the LAST 6 YEARS*, beginning with the most recent.
*Please ask for additional sheets as necessary.

Dates living at this residence: _____ until _____
 Address: _____ City: _____ State/Zip: _____
 Electric Utility: _____ Phone: (____) _____
 Water & Sewer Utility: _____ Phone: (____) _____
 Landlord: _____ Phone: (____) _____

Dates living at this residence: _____ until _____
 Address: _____ City: _____ State/Zip: _____
 Electric Utility: _____ Phone: (____) _____
 Water & Sewer Utility: _____ Phone: (____) _____
 Landlord: _____ Phone: (____) _____

Dates living at this residence: _____ until _____
 Address: _____ City: _____ State/Zip: _____
 Electric Utility: _____ Phone: (____) _____
 Water & Sewer Utility: _____ Phone: (____) _____
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Do you have any outstanding utility bills at this time? _____ If yes, please explain: _____

The above provided information is true to the best of my knowledge. I authorize Benton Municipal Utility to contact my previous utility providers and/or previous landlords. I understand this verification process may take up to ten business days, and I further understand that I may be required to pay a utility account deposit equal to two months service if it is discovered that I do have a history of outstanding utility bills and/or a poor payment history.

In addition, I understand that once utilities have been approved and put into my name, it is my responsibility to notify the utility of any changes in occupancy at this location. Written notification is required when additional tenants move in or out of this location. Further, I understand that I am responsible for the utility charges incurred at this location from the date requested on page one of this application until I notify the utility in writing that I have moved and am no longer responsible for this utility bill.

Applicant's Signature: _____ Date: _____

Spouse/Roommate Signature: _____ Date: _____

Office Use Only

Received By: _____ Date: _____ Approved/Denied _____ Deposit amount Required \$ _____ Date Landlord Notified _____