

**David City Utilities**  
**Application for Utilities**  
Electric-Water-Sewer

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Rent Home/Business    Y or N                      Own Home/Business    Y or N

E-mail address: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date lived there from \_\_\_\_\_ to \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Current Employer: \_\_\_\_\_

**A \$300.00 deposit is required for all new customers. This deposit will be returned after two years without a delinquent bill or when the customer moves out of town.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
City Employee's Signature

<b>Utility Deposit Payment</b>
Date: _____
Amount Paid: _____
Check: _____
Cash: _____

OFFICE USE ONLY!

\_\_\_\_ Copy of Driver's License

\_\_\_\_ Service Deposit Receipt

\_\_\_\_ Move In/ Move Out