

UTILITY DEPOSIT
INFORMATION & APPLICATION

NOTE – WE SHARE THIS INFORMATION WITH CLARK COUNTY 911 EMERGENCY

PLEASE PRINT AND FILL OUT COMPLETELY

Include middle initial on all names requested

*If another adult to whom you are not married will be sharing the residence, cross out the word spouse and fill in that adult's full name, including middle initial.

NAME _____ EMAIL _____

DRIVERS LIC. # _____ DATE OF BIRTH _____

SPOUSE NAME _____ EMAIL _____
(Roommate or Other)

DRIVERS LIC. # _____ DATE OF BIRTH _____

APPLYING FOR UTILITIES AT THE FOLLOWING ADDRESS

MAILING ADDRESS IF DIFFERENT FROM ABOVE

DATE TO START UTILITIES IN YOUR NAME _____

PLEASE CHECK ONE RENTING _____ BUYING _____
IF RENTING, PROPERTY OWNER INFORMATION

NAME _____ PHONE _____

ADDRESS _____

PROPERTY OWNERS CERTIFICATION OF RENTERS' NAME

I have read the completed application, and by my signature certify the person completing this application is renting the premises from me and service is to be started in his/her name, and I further attest that all ordinances of the City have been complied with.

DATE _____

SIGNATURE OF PROPERTY OWNER _____

NUMBER OF PERSONS LIVING IN HOUSE HOLD_____

HAVE YOU OR ANYONE LIVING WITH YOU PREVIOUSLY HAD UTILITY SERVICE IN THEIR NAME WITH THE CITY OF MARSHALL? YES_____ NO_____

IF YES, APPROXIMATE DATES OF SERVICE FROM_____ TO_____

IN WHO'S NAME? _____

AT WHAT SERVICE ADDRESS? _____

DO YOU CURRENTLY HAVE ANY OUTSTANDING BILLS WITH THE CITY? YES___NO___

IF YES, WHAT AMOUNT? _____

CELL PHONE NUMBER _____

IN CASE OF EMERGENCY, PLEASE PROVIDE WORK OR ANOTHER PHONE NUMBER WHERE WE MIGHT REACH YOU.

WORK PH#_____ PLACE OF WORK_____

OTHER # _____ NAME _____

PROPERTY INFORMATION
(To be completed by person buying property)

1. Is Property located _____ Inside City Limits? _____ Outside City Limits?

If property is located inside City limits, SKIP QUESTION 2.

2. If property is located outside City limits, is it contiguous to City Limits? ___Yes___ No

If property is located outside City limits, but contiguous, a completed Annexation Agreement is required prior to the installation of new utilities or the transfer of ownership of utilities currently serving the property and annexation of the property must be completed within thirty days.

If property is located outside City limits, but not contiguous, a completed Annexation Agreement will be required prior to installation of new utilities or transfer of ownership of utilities currently serving the property.

By my signature, I attest that all information provided to be true and accurate to the best of my knowledge. I further acknowledge that the utility deposit is non-refundable until the account is closed, even if one customer is removed as an obligor on the account. When the account is closed the deposit shall be applied to any outstanding balance. I understand that the information provided is subject to verification by the City. I further agree to abide by all ordinances, rules and regulations enacted or to be enacted by the City Council.

SIGNATURE_____ DATE_____

(Of person applying for utilities)

For City Use Only:

Property Verification

Property is located _____inside City Limits or _____outside City Limits.

Property if located outside City Limits is contiguous to the City Limits ___yes___no?

Customer given Annexation Agreement Documentation by _____ name _____ date.

Customer Completed and returned Annexation Agreement Documentation _____ date.

Customer given Annexation Documentation by _____ name _____ date.