

City of Dover Application for Utility Service

Name	Soc. Security Number
Employer	Bus. Telephone Number
Driver's License Number	Date of Birth
Applicant's Home Telephone Number	
Spouse's Name	Soc. Security Number
Spouse's Employer	
Applicant's Previous Address	
New Service Location	Beginning (date)
Please Check All That Apply:	
Own Rent Whole House Ap Landlord or Previous Property Owner	eartment Mobile Home Garage Only
Is This A: Residence	Business
Services For Which You're Applying:	
Electricity Water/Sewer _	Trash Removal
The Structure Has Electric Heat	Gas Heat
Have you or your spouse previously held an accoun	nt with Dover Utilities? Yes No
If "Yes," Address	
If "No," Please list Most Recent Electric Service Pro	
Remarks:	
I hereby apply for Utility Service(s) for the above addregulations of the City Of Dover Utility Departments best of my knowledge, I have no outstanding balance	both current and future. I further certify that, to the
WARNING: Making false statements in application for utility service: WE PROSECUTE. If you or a spouse have an unpaid finbalance must be paid in full before this application will be age 18) is prohibited.	al bill for another address within the City of Dover, the
Signature	Date
Office Use Only:	
Account Number Assigned	Account Type (Rate Code)
Effective Date Deposit An	mount \$ or Letter of Credit
Date Deposit or Letter of Credit Received	Clerk