

## APPLICATION FOR NEW SET AND TEMPORARY SERVICE

CSR Name:	Receipt #:	Fee Amount:	Re-Inspection Fee:
Billing Department Use Only	Date Received	Date Completed	Completed By:

Today's date: \_\_\_\_\_

Type of Service:    **New Set**        **Temporary Service**        **Trench**        **Underground**        **Overhead**

Account name: _____			
Mailing address: _____			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Telephone Number: _____			

1. Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Loc # \_\_\_\_\_  
    Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision: \_\_\_\_\_
2. Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Loc # \_\_\_\_\_  
    Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision: \_\_\_\_\_
3. Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Loc # \_\_\_\_\_  
    Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision: \_\_\_\_\_
4. Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Loc # \_\_\_\_\_  
    Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision: \_\_\_\_\_
5. Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Loc # \_\_\_\_\_  
    Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision: \_\_\_\_\_
6. Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Loc # \_\_\_\_\_  
    Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision: \_\_\_\_\_
7. Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Loc # \_\_\_\_\_  
    Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision: \_\_\_\_\_
8. Address: \_\_\_\_\_ Account #: \_\_\_\_\_ Loc # \_\_\_\_\_  
    Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

<b>Signature (required for Temp Serv):</b> _____			
<small>Contact Person</small>	<small>ID verification: Driver's License number &amp; State (list if other)</small>		
<small>Print Name</small>	<small>Title</small>	<small>Phone #</small>	<small>Date</small>

*Note: In accordance with published MID regulations, supporting documents verifying the legal billing name may be required.*