



CITY OF HAMPTON

Today's Date: _____

NEW UTILITY SERVICES APPLICATION AND AGREEMENT

Please provide proof of ownership (ie. deed, lease, rental agreement), a valid photo ID, Letter of Credit (not required) and have your deposit ready.

*****This form MUST be completed in its entirety.*****

OFFICE USE ONLY	
ACCOUNT #:	WO #: _____ ELECTRIC: _____ WATER: _____
	# OF TRASH CANS: _____ PROCESSED BY: _____

APPLICANT: PROPERTY OWNER TENANT MANAGEMENT COMPANY
(Please Check)

If renting, please provide the following information:
Landlord Name: _____ Landlord Phone #: _____

APPLICANT INFORMATION

Service Request Date: _____ Drivers License #: _____ DOB: ____ / ____ / ____

Customer Name: _____ Last 4 of SS #: _____

*C/O or Person of Contact: _____

Email Address: _____ Phone #: _____

Service Address: _____

Mailing Address: _____
(Only if different from above)

Employer's Name: _____ Phone #: _____

LOCATION OF PREVIOUS ADDRESS

Street Name and Number: _____

City: _____ State: _____ Zip: _____

How long did you live there? List years and months. _____

INFORMATION ON MOST LOCAL RELATIVE NOT LIVING AT YOUR CURRENT ADDRESS

Name: _____ Phone #: _____

Street Name and Number: _____ Relationship: _____

City: _____ State: _____ Zip: _____



NEW UTILITY SERVICES AGREEMENT

Release of Liability : Before the City of Hampton can turn on electricity and/or water, please make sure all water connections and electrical connections are turned OFF.

Intials: _____

I understand that my bill is due by the 4th of each month and a late fee of 10% is applied on the 5th of each month (If the 4th falls on a holiday or weekend, I am still responsible for payment before late fees are added the next business day). Accounts are considered delinquent on the 10th of each month and will be disconnected. A \$25.00 disconnect and a \$25.00 reconnect fee will be applied to the account. Service will be reinstated once all outstanding bills and fees are paid.

When I move, I will notify the City of Hampton as soon as possible. I will complete the City's disconnect form and have my final bill sent to my forwarding address. I will be responsible and billed for any services used since the last billing cycle. I agree to pay the billed balance within 45 days or I will be sent to collections.

I agree to abide by the rules and regulations of The City of Hampton's Electric, Water, Sewage, and Garbage Department (found in the New Resident Information Packet). I also confirm that a New Resident Information Packet was received and by signing below I confirm that the information stated on this application is true and correct.

APPLICANT SIGNATURE: _____

CO-APPLICANT INFORMATION (OPTIONAL)

A co-applicant is another person whose name is on the bill. They also have access to the account and all of the account information.*

CO-APPLICANT SIGNATURE: _____

CO-APPLICANT NAME (Print): _____

Last 4 of SS #: _____ Drivers License #: _____ DOB: ____ / ____ / ____

Email Address: _____ Phone #: _____