



City of Fallon

NEW SERVICE REQUEST

SERVICE START DATE _____

SERVICE ADDRESS: _____

Customer 1

Customer 2

Customer Name _____

Customer Name _____

Mailing Address: _____
(if different) _____

Address: _____
(if different) _____

Previous Address: _____

Previous Address: _____

Phone# _____

Phone# _____

DL# _____ State _____

DL# _____ State _____

Current Employer _____

Current Employer _____

Phone# _____

Phone# _____

Address: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Name: _____

Address: _____

Address: _____

Phone# _____

Phone# _____

By signing below you are representing that the information provided in this request form is true and correct and that you are authorized, by way of ownership or legal occupation of the premises described below, to request the provision of utilities to the premises.

Signature X _____

Signature X _____

Date _____

Date _____

FOR OFFICIAL USE

Account Number				
Deposit		Service Charge		
Electric		Electric		
Water		Water		
Total Deposit		Total Service Charge		
Date Paid		Bill Acct	YES	NO

Deposit Payment Schedule			
Amount Paid		Date	
Amount Due		Date	
Amount Due		Date	
Computer Entry By		Date	