



City of Springfield

Application for Residential Service

PLEASE PRINT CLEARLY

APPLICATION DATE: _____ SERVICE CONNECTION DATE: _____

COMPLETE NAME SERVICE IS TO BE IN: _____

SERVICE ADDRESS: _____ SUBDIVISION: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NO: _____ CELL PHONE NO. _____

EMAIL: _____ SOCIAL SECURITY/TAX ID# _____

CHECK ONE RENT OWN If Rent please provide a copy of your lease/rental agreement.

HAVE YOU HAD SERVICE WITH THE CITY IN THE PAST? YES NO

IF YES, WHAT NAME WAS IT IN? _____

FAILURE TO RECEIVE A BILL DOES NOT EXCUSE NON-PAYMENT!

APPLICANT SIGNATURE: _____

FOR OFFICE USE ONLY

ID VERIFICATION: *If not applying in person copy must be provided with application.*

DRIVER'S LICENSE/ID NO.: _____

CLERK'S SIGNATURE

ISSUEING STATE: _____

DATE OF BIRTH: _____

DEPOSIT/SERVICE INFORMATION

SERVICES AVAILABLE

- WATER
- SEWER
- GARBAGE/RECYCLING

DEPOSIT AMOUNT

- \$50.00
- \$100.00
- \$125.00
- \$130.00
- \$145.00
- \$150.00
- \$170.00
- No Deposit 2nd Account

PAYMENT INFORMATION

- CASH
- CHECK _____
- TRANSFERRED FROM
ACCOUNT# _____

UTILITY CLERK

METER ID NUMBER	_____
BEGINNING READING	_____
ACCOUNT NUMBER	_____