City of Springfield

Application for Temporary 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# _____

ARE YOU THE OWNER OF THIS PROPERTY? ☐ YES ☐ NO

IF NO, WHAT IS YOUR INTEREST IN THE PROPERTY? _____

TEMPORARY SERVICE CANNOT BE ON LONGER THAN THREE(3) WEEKS FROM THE DATE OF SERVICE CONNECTION. IF YOU PLAN TO HAVE SERVICES ON FOR LONGER THAN THREE(3) WEEKS A DEPOSIT MUST BE PAID. HOW LONG DO YOU WISH TO HAVE THIS SERVICE ON FOR? _____

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

APPLICANT SIGNATURE: _____

FOR OFFICE USE ONLY

ID VERIFICATION: *If in business name ID Verification isn't required*

DRIVER'S LICENSE/ID NO.: _____

ISSUEING STATE: _____

DATE OF BIRTH: _____

CLERK'S SIGNITURE

_____

DOES THIS CUSTOMER HAVE OUTSTANDING BALANCES OWED ON ANY INACTIVE TEMPORARY ACCOUNTS? ☐ YES ☐ NO

IF YES, DID ALL ACCOUNTS GET PAID IN FULL? ☐ YES ☐ NO

DEPOSIT AMOUNT

NO DEPOSIT REQUIRED - TEMPORARY SERVICE ONLY

UTILITY CLERK

METER ID NUMBER _____

BEGINNING READING _____

ACCOUNT NUMBER _____

DISCONNECTION DATE: _____