

REVERT TO LANDLORD

Account Holder's Name _____ Begin Service Date _____

Spouse: _____

Service Address _____

Billing Address _____

Phone: Home _____ Work _____ Cell _____

DOB: _____ Driver's License State/Number _____

Email: _____

**DEPOSIT OF \$50.00 + \$10.00 ADMINISTRATIVE FEE
MUST ACCOMPANY APPLICATION**

Signature _____

For City Hall use:

o Check # _____ Date _____ Account # _____