UTILITY SERVICE CONTRACT

Date:			
Billing Name:		Account Number:	_
Phone 1#		Phone 2 #	_
Billing Address:			_
Service Address:			_
DOB:	Employer	SS#	_
Driver's License #	Spous	se Driver's License	_
Spouse:		SS#	-
Spouse DOB:		Employer	_
If renting Landlord's Nan	ne:		_
Landlord's Address:			_
late fee will be assessed, a delinquent accounts are pacconnection fee of \$50.00 pefore any services are resulf said utilities are discontin	and the Town shall have aid in full. In the event of lus the normal deposit \$ sumed. Electric meters are because of delinquing	5 th day of each month shall be deemed delinquent, the right to terminate all services until such time as termination of any services, the user shall pay a restance of an additional \$75 to the Town of Guern may be pulled without further notice if delinquencies ent payment, you the consumer hereby waive all classicion and assume all liability, therefore.	all - <mark>sey</mark> s occur.
Dated this	_ day of	, 20	
		Signature(s)	
DEDOOIT DAID &	DATE DAID	DECEMBE #	
DEPOSIT PAID \$	DATE PAID:	RECEIPT #:	