



GROTON UTILITIES

At Your Service for 100 years

Application for Service

I / we agree give permission for Groton Utilities to run a credit check to determine if a deposit will be required: _____ (Initial)

Schedule Date: ____ / ____ / ____
(Schedule Date may vary up to 3 business days.)

Account# _____ - _____ Own / Rent [] Read [] Connect [] Electric [] Water
Customer # _____ Deposit: \$ _____ Agreement on Deposit

Service Address _____ Apt _____

[] Residential:

Name: _____ SSN# ____ - ____ - ____ Credit Score: G Y R

2nd Name: _____ SSN# ____ - ____ - ____ Credit Score: G Y R

Best Contact Number (____) ____ - ____ Alternate Number (____) ____ - ____

Email Address: _____ Previous GU Customer? Yes or No Acct# _____ - ____

Mailing Address: _____ Previous GU Address: _____

[] Commercial:

Business Name _____ Owner(s): _____

Mailing Address: _____ City _____ State _____ Zip _____

TAX ID# ____ - ____ - ____ Accounts Payable Person: _____ Contact # (____) ____ - ____

[] Disconnect Service:

Electric: Read / Disconnect Water: Read / Disconnect Disconnect Date: ____ / ____ / ____

Account# _____ - _____ Phone / In - Person

Customer Name: _____

Forwarding Address _____ City _____ State _____ Zip _____

Signature: _____ Additional Signature: _____

I / We agrees to accept service and pay for said service as bills are rendered, in accordance with the rates, rules and regulations now in effect or as they may be changed or amended. If the account becomes delinquent, the applicant will be responsible for collection fees, including reasonable attorney fees.

Meter Deposit

Account# _____ - _____ Meter Deposit \$ _____ CK CA CC Rep Initials: _____

Customer Name: _____ Svc Address: _____ Apt _____