

An asterisk (*) denotes a required field) **Schedule Date:** ____ / ____ / ____
 (Schedule Date may vary up to 3 business days.)

Office Use Only:

Account# _____ - _____ **Own / Rent** Read Connect Electric Water
 Customer # _____ Security Deposit: \$ _____

Service Address * _____ Apt _____

New Residential Service:

Name*: _____
 Employer 1*: _____
 2nd Name: _____
 Employer 2: _____
 Contact Number* (____) ____ - ____ Alternate Number: (____) ____ - ____

Office Use Only:

Credit Score: **G Y R**

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

Mailing Address*: _____ Previous Address: _____

****If you are a tenant renting your service address, we require a copy of the front page of your leasing agreement (or a welcome letter from your landlord) is submitted along with your completed application in order to begin utility service in your name. We will not be able to process the application without the front page of your leasing agreement or a welcome letter.**

Disconnect Residential Service:

Account# _____ - _____ Phone / In – Person Electric: Read / Disconnect Water: Read / Disconnect
 Customer Name: _____ **Disconnect Date:** ____ / ____ / ____
 Forwarding Address _____ City _____ State _____ Zip _____

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(s) will be responsible for collection fees, including reasonable attorney fees. Please check box to the right and type your full name (if second applicant, both full names are required) into the form box below in order to accept these terms. Submit via email, fax, or in person in order to complete application process.

Full Name(s) (Required): _____

I / we agree give permission for Groton Utilities to contact me in order to obtain my SSN to run a credit check to determine if a deposit will be required: _____ (Initial)*

OFFICE USE ONLY:

Meter Deposit

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

Customer Name: _____ Svc Address: _____ Apt _____