

COLUMBIA CITY MUNICIPAL UTILITIES 260-248-5110 FAX 260-248-5105
RESIDENTIAL UTILITY SERVICE INFORMATION PROVIDED WILL BE FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

ACCOUNT # _____

DEPOSIT DATE: _____ CASH _____ CHECK _____ CREDIT CARD _____ OTHER _____

ELECTRIC MD: \$ _____ RECEIPT # _____ **WATER MD: \$ _____ RECEIPT # _____

Today's Date _____ Begin Service Date _____

Address of new service _____

Billing Address _____

APPLICANT # 1

APPLICANT #2

Name _____			_____		
Last	First	MI	Last	First	MI

Soc. Sec # _____	_____
------------------	-------

Date of Birth _____	_____
---------------------	-------

Phone Number _____	_____
--------------------	-------

Previous Address _____	_____
------------------------	-------

Employer _____	_____
----------------	-------

Employer's Address _____	_____
--------------------------	-------

Name of Relative Not at your Address _____

Relative's Address _____

References (bank, charge, credit union, etc.) _____

Have you lived in Columbia City before? _____

Are you: Buying _____ Renting _____ From Whom: _____

Type of Heat _____ Type of Water Heater _____ Type of Cooking Stove _____

I (We) request service as described above and agree to pay all charges in connection therewith. I (We) also agree to pay CCMU's attorney fees in the event of non-payment, whether or not suit is filed. By signing this Application, the undersigned hereby irrevocably and unconditionally submits his/herself to the jurisdiction of the courts of Whitley County, Indiana in any action or proceeding arising out of or relating to this application for residential utility service. I understand that if I am renting this property, the landlord may obtain account balance information at any time.

This application is being signed in _____, IN.
City County

(1) APPLICANT'S SIGNATURE _____

(2) APPLICANT'S SIGNATURE _____

I give permission for the following people to contact the Utility and obtain information regarding my account:

Print Form