



Municipal Utilities Commission
UTILITY ACCOUNT (Existing service address)

The **Village of Hamilton Municipal Utilities Commission** is hereby requested to furnish the undersigned with the following services (please check all that apply):

☐ Gas

☐ Electric

☐ Water

☐ Sewer

These services will be supplied by the Commission under the rules and regulations filed with the **Public Service Commission**, which are available for inspection at the Village Office.

APPLICATION:

Account Type: ☐ Private / Residential ☐ Business / Commercial / Industrial

Section 1 — Applicant Information

Private / Residential

Applicant Full Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Social Security Number _____ - _____ - _____ And/or Driver's License or Photo ID #: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Billing or Forwarding Address (if different): _____

Business / Commercial / Industrial

Business / Organization Name: _____

Type of Business: _____ Federal EIN / Tax ID: _____

Authorized Account Contact(s) Name/Title: _____

Phone: _____ Email: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different): _____

Section 2 — Property Information:

Date: Service Requested _____ (allow a minimum of 48 hours' notice)

Are you (check one)?

☐ Residential Owner ☐ Residential Renter ☐ Commercial Owner ☐ Commercial Renter

If Tenant, complete the following:

Landlord's Name _____

Landlord's address: _____

Landlord's Phone Number: _____ Landlord's Email: _____

Lease Term (If renting): _____ (Start Date - End Date)

Section 3 — Employment & Assistance Information

Are you presently employed? ☐ Yes ☐ No

If yes, Employer Name: _____ Phone# _____

Are you currently enrolled as a student? ☐ Yes ☐ No

Do you receive public assistance? ☐ Yes ☐ No

Section 4 — Household Information & Special Requirements. Please check all that apply:

- ☐ Dependent Children under 18 years of age: _____; _____; _____ * dob for children
- ☐ A handicapped occupant ☐ A life support system ☐ An occupant 62 years of age or older
- ☐ Factual circumstances indicating any other serious or hazardous health situations that would be affected by a loss of service. If applicable, please provide details: _____
- ☐ Do you have any special needs or requirements related to your utility services? (e.g., medical equipment that requires electricity) If applicable, please describe: _____

Section 5 — Emergency Contact:

Name: _____ Phone Number: _____

Section 6 ---- Terms and Conditions:

1. **Payment Agreement:** The undersigned agrees to pay for the services in accordance with the applicable service classifications set by the Commission.
 2. **Credit Application:** The applicant acknowledges and understands that this application is also a credit application. Therefore, it must be completely and accurately filled out and signed.
 3. **Responsibility for Payments:** The applicant is responsible for the timely payment of all bills to the Commission. The applicant must also report any changes to the information provided in this application to the Commission office.
 4. **Notification of Leaving Premises:** If the applicant intends to leave the premises, it is their responsibility to notify the Commission office in advance. Failure to do so does not excuse responsibility for any subsequent service bills.
 5. **All Contact Information must be provided – service will not be provided if information is missing**
 6. By signing below, you authorize the Village of Hamilton to conduct a credit check (if required).
 7. You agree to abide by the Village of Hamilton's terms and conditions for utility service and payment.
 8. You acknowledge any applicable deposit requirements and agree to make payments in a timely manner to avoid service interruptions.
 9. Failure to pay a final bill upon termination of service will result in collection services with additional fees
- By signing this application, you agree to all terms and conditions expressed in this document**

10. Print Name _____ Signature: _____ Date: _____

Section 7 ---For Office Use Only

Account Number Assigned: _____

Deposit Required: ☐ Yes ☐ No

Deposit Amount: _____

Service Start Date Confirmed: _____

Meter Reading (If applicable)

Electric Meter Reading (if available): _____ kWh: Meter # _____

Natural Gas Meter Reading (if available): _____ Dth Meter # _____

Water Meter Reading (if available): _____ Units Meter# _____

Reviewed & Accepted by: _____ Date: _____

Village Employee Initials