

**APPLICATION FOR UTILITY SERVICE
STUART MUNICIPAL UTILITIES**

DATE: _____

APPLICANTS NAME: _____

Photo ID Required

APPLICANTS SOCIAL SECURITY #: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

HOME PHONE #: _____

DAYTIME PHONE #: _____

Please Circle One: Home Owner Renter

If you rent please list owners

Name: _____

Address: _____

Phone: _____

I hereby apply for utility services for the premises listed above beginning _____, 20____ pursuant to the rules of the utility. I VERIFY THAT I HAVE NO OUTSTANDING BILLS WITH THE STUART MUNICIPAL UTILITIES UNDER MY CURRENT NAME OR ANY OTHER NAME I HAVE USED IN THE PAST, OR UNDER A CURRENT OR FORMER SPOUSE'S NAME and I agree to pay all bills rendered by the utility until I give notice to the utility to disconnect service.

Signed: _____ Date: _____

Note: Please designate a person or agency to receive word of any problem with your utility service in the event you cannot be reached.

Name: _____

Phone: _____

Address: _____

City/ State: _____

FOR UTILITY USE ONLY

Account Number: _____

Last Name: _____ First Name: _____

Service Address: _____

Elect. Meter #: _____ ERT#: _____ In Reading: _____

Water Meter #: _____ ERT#: _____ In Reading: _____

Total Deposit Paid: \$ _____ Connection Fee Paid: \$ _____ Receipt # _____

Deposit Breakdown: Elect.: \$ _____ Water: \$ _____ Sewer : \$ _____ Garbage \$ _____