



CITY OF HUBBARD, OHIO
Application for:
WATER SEWER AND ELECTRIC SERVICE

- Residential
 Business
 New Customer:
 Yes No

NAME: _____ DATE: _____

ADDRESS INFORMATION

Service Address: _____ Mailing Address: (If different than Service Address) _____

PERSONAL INFORMATION

Home Phone: _____ Work Phone: _____ Bank Name: _____

Soc Sec. #: _____ Employer: _____

Date of Birth: _____ Address: _____

Drivers License: _____ City/State: _____

Spouse Name & Soc Sec. #: _____

Other Occupants Name(s) & Soc.Sec. #(s): _____

If Rental Property: _____ I am (check one)
 Owner's Name: _____ Phone Number: _____ Owner
 Address: _____ Tenant

EMERGENCY CONTACT

Name: _____ Phone Number: _____

BUSINESS APPLICATION INFORMATION

Name of Business: _____ Phone: _____ Fax: _____

CORPORATION If Corporation, State of Incorporation _____ PROPRIETORSHIP

PARTNERSHIP OTHER _____ Taxpayer ID# _____

Parties Authorized to Close this Account: _____ Title of Authorized Parties: _____

SERVICES REQUESTED

DEPOSIT DEPOSIT DEPOSIT

Electric \$ _____ Water \$ _____ Sewer \$ _____ Total Deposit: \$ _____

I HEREBY MAKE APPLICATION TO THE CITY OF HUBBARD FOR UTILITY SERVICE AND UPON APPROVAL OF THIS APPLICATION AGREE TO ABIDE BY ALL ORDINANCES, PROVISIONS, AND APPLICABLE RULES OF THE CITY IN REGARD TO ITS SERVICE OF THE UTILITY SYSTEM, AND AGREE TO PAY FOR SUCH SERVICES IN EFFECT AS STATED ON REVERSE SIDE OF THIS FORM.

(S) _____ DATE _____

(S) _____ DATE _____

SEE REVERSE SIDE OF THIS FORM FOR THE CITY OF HUBBARD UTILITY SERVICE ORDINANCE AND POLICY.