

ACCOUNT # \_\_\_\_\_

NUMBER \_\_\_\_\_

**CITY OF YALE  
YALE WATER AND SEWAGE TRUST AUTHORITY  
APPLICATION AND CONTRACT FOR UTILITY SERVICES**

Date: \_\_\_\_\_

I, the undersigned, hereby apply for the following utility service:

\_\_\_ All \_\_\_ Electricity \_\_\_ Water \_\_\_ Natural Gas \_\_\_ Trash \_\_\_ Pole Light

The following information is given to induce the City/Trust to provide the above selected utility service to me and is further provided in order that City/Trust may determine the amount of any deposits for such service.

Service Address: \_\_\_\_\_ Owner: \_\_\_\_\_  
(If different from applicant)

Owner Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Driver's License or Photo ID #:** \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Prior Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

(Optional but failure to provide will result in maximum deposits for services requested)

Telephone (Where you can be reached during the day): \_\_\_\_\_ Cell/Alt Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Driver's License or Photo ID #:** \_\_\_\_\_ Social Security #: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Prior Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

(Optional but failure to provide will result in maximum deposits for services requested)

Telephone (Where you can be reached during the day): \_\_\_\_\_ Cell/Alt Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name(s) of all persons over 18 years of age residing in the household: \_\_\_\_\_

I authorize the City of Yale to send my utility bill via email to the following email address, I understand by authorizing this I will not receive a paper copy of my bill in the mail.

\_\_\_\_\_

*(Continued on reverse)*

The City/Trust shall conduct a credit investigation based upon the information you provide. If you do not authorize a credit investigation, you will be assessed the maximum deposit for the type of service requested.

I authorize my current and past creditors, including utility providers to release information to the City/Trust regarding my accounts.

I do certify that all the information contained herein is true and correct, and that providing false information may result in denial or termination of utility service.

I/We authorize the CITY OF YALE to contact me via current and any future cellular phone number(s), email address or wireless device(s) regarding my delinquent account(s) I owe to the CITY OF YALE. I authorize its agents, representatives, and attorneys (including collection agencies) to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages and personal calls and emails, in their effort to contact me for purposes of collecting any portion of my account which is past due.

I/We have read this disclosure and agree to the terms described above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**\_\_\_\_\_\*I understand that I am responsible for utilities at this property until such time as a termination of utilities agreement is completed, signed and dated by me. I further understand if any balance due is left unpaid that amount will be turned over to collections and I will be responsible for all monies owed including any and all fees incurred.**

\_\_\_\_\_  
Name, Address and Telephone of person not residing with you to contact in event of emergency:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**FOR CITY/TRUST USE ONLY**

Credit History Furnished: (YES) (NO) Credit Check Reflects (GREEN- minimum risk) (YELLOW-average risk) (RED- maximum risk)

Deposit Paid

\$ \_\_\_\_\_ Electricity    \$ \_\_\_\_\_ Gas    \$ \_\_\_\_\_ Water    \$ \_\_\_\_\_ Connection fees

Date: \_\_\_\_\_

By: \_\_\_\_\_

Receipt # \_\_\_\_\_