

Town of Lovell

APPLICATION FOR UTILITY SERVICE

Date Service Begins:		Today's Date:	
Service Address:			
Do you use water for heating? (Do you have a boiler?)	Yes	No	(Circle one)
Applicant Name:		Phone:	
Additional App Name:		Phone:	
Mailing Address:			
Email Address(s):			
Applicant SSN	Driver License # & State	Birthdate	Phone
Add'l App SSN	Driver License # & State	Birthdate	Phone
Previous Address			
Employer			
Employer Address		Phone	
Add'l App Employer			
Address		Phone	
Emergency Contact		Phone	
Property Owner Name		Phone:	

CUSTOMER AGREEMENT

1. I agree to pay all costs for services rendered by the Town of Lovell to the above named account and any other account my name is attached to.
2. I agree to pay the bill in full when rendered for all charges incurred under this agreement.
3. I agree to pay all reasonable attorney fees and court costs for the collection of payments not paid by me under this agreement.
4. I agree that if my account is assigned to a collection agency, I will be assessed interest on the unpaid balance at the monthly rate of 1.75%.
5. I agree that if my account is assigned to a collection agency for collection, I will pay a fee of 35% of all amounts due under this agreement which is in addition to the unpaid balance due.

Signature	Date
Signature of Additional Applicant	Date

The Town of Lovell does not discriminate against individuals for any reason. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington DC 20250

Amount of security deposit _____ Date of deposit _____ Receipt # _____