

**City of Canton**  
Application for Utility Service--Residential

Name \_\_\_\_\_ Service Address \_\_\_\_\_

SSN \_\_\_\_\_ Apt or Lot # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_ Own \_\_\_\_\_ or Rent \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Spouse (or Additional Responsible Party) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Spouse/ Responsible Party Employer \_\_\_\_\_

Spouse/ Responsible Party Employer Phone Number \_\_\_\_\_

Number of Occupant(s) \_\_\_\_\_ Names of Persons living in the residence (18 yrs. or older)

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name & Phone Number \_\_\_\_\_

**I hereby apply for utility services with the City of Canton and agree to comply with all ordinances, rules and regulations as prescribed by the City of Canton. I hereby declare that all information I have listed above is true and correct to the best of my knowledge. Should any information stand to be false, I understand that my services shall and will be interrupted immediately. Unpaid balances will be turned over to a collection agency. I agree to permit the City of Canton and their business associates to contact me, and all other responsible parties on my account, on our cell phone or other mobile devices concerning any and all aspects of my account.**

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

\_\_\_\_\_  
Spouse/Additional Responsible Party Date

(Official use only)

Remember to get:

1. Picture I.D. for both responsible parties
2. Social Security Numbers for both responsible parties
3. \$75.00 Deposit Paid in Full \_\_\_\_\_ Payment Agreement \_\_\_\_\_ \$25. Transfer Fee \_\_\_\_\_
4. Fill out work order. **SOMEONE MUST BE THERE AT CONNECTION!!!!**  
**HOURS OF CONNECTION ARE 8AM-11:30 AM & 12PM – 4PM**