

Mount Pleasant City Residence/Commercial Utilities Service			
Customer Information:			
Customer Name:			
Date of Birth:	SSN#:	DL #	State:
Home Phone#:		Cell Phone#:	
Employer:			
Employers Address:			
Service Address:			
Mailing Address: (if different form service)			
City:	State:	Zip Code:	
Please check one of the following: Own <input type="checkbox"/> Rent <input type="checkbox"/> New Construction <input type="checkbox"/>			
Landlord's Name (if renting)		Phone #:	
Significant Other Information:			
Name:			
Date of Birth:	SSN#:	Phone#:	
Employer:			
Emergency Contact Information:			
Name of person not residing with you:			
Address:			
City:	State:	Zip Code:	
Phone#:			
Application Agreement:			
<p>I understand that utility service billings are due when rendered and become delinquent thirty days after billing date. Should I become delinquent in payment of any such billing. Mt. Pleasant City shall have the right to demand payment of billing and a guarantee deposit to secure ninety days' utility service billings or suspend my services. Mt. Pleasant will charge a \$20.00 return check fee for each returned check. Further, release is hereby given to Mt. Pleasant City to obtain all such information from employer(s) or references as may be deemed necessary to process this application for service or to effect collection of any unpaid balance due. I the undersigned, here by certify that the information given is true and correct.</p>			
Signature of Applicant:		Date:	
Signature of Co-Applicant:		Date:	
Email Address:		Paperless Billing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
City Office Use Only:			
Deposit Amount: _____		Previous Account #: _____	
New Account#: _____		Connection Date: _____	
Date Input in Pelorus: _____		Command Center Update: _____	