CITY OF BRONSON
ELECTRIC AND WATER METER DEPOSIT APPLICATION RECORD

Please print clearly. Use name as appears on social security card. A copy of driver's license is required.

APPLICANT'S NAME: _____ **MAIDEN NAME:** _____
                      Last,   *First*   *M.I.*

BUSINESS NAME IF APPLICABLE: _____ **NUM. OF PERSONS LIVING IN HOUSEHOLD:** _____

UTILITY SERVICE ADDRESS: _____ **PHONE #:** _____

MAILING ADDRESS: _____
                       Street or P.O. Box   *City*   *State*

PREVIOUS ADDRESS: _____
                       Street or P.O. Box   *City*   *State*

APPLICANT'S SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____

_____
APPLICANT'S OCCUPATON, EMPLOYER, AND EMPLOYER'S ADDRESS

SPOUSE/CO-APPLICANT'S NAME: _____ **MAIDEN NAME:** _____

CO-APPLICANT'S SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____

_____
CO-APPLICANT'S OCCUPATON, EMPLOYER, AND EMPLOYER'S ADDRESS

DO YOU (circle one):   **OWN   RENT   BUYING ON CONTRACT (other than financial institute)**

_____
NAME AND ADDRESS OF LANDLORD OR OWNER (if other than applicant)

SERVICE WILL BE USED FOR (circle one): RESIDENTIAL   COMMERCIAL   AGRICULTURAL   OTHER: _____
        IF TAX EXEMPT, IT IS YOUR RESPONSIBILITY TO PROVIDE TAX EXEMPTION CERTIFICATE

THE UNDERSIGNED APPLICANT(S) CERTIFY THEY HAVE NO OUTSTANDING BILLS DUE THE CITY OF BRONSON AND UNDERSTAND AND AGREE TO THE RESPONSIBILTY OF PAYMENT OF ALL SERVICES ACCUMULATED AT SERVICE ADDRESS AND WILL NOTIFY CITY HALL IF DISCONNECTING SERVICES. IF REMITTANCE IS NOT RECEIVED BY DUE DATE, SERVICES WILL BE DISCONNECTED, DEPOSIT AMOUNT(S) WILL BE APPLIED TO THE BILL, AND AMOUNT DUE AS OF DISCONNECTION DATE WILL BE PAYABLE IMMEDIATELY OR LEGAL ACTION WILL BE TAKEN BY THE CITY. IF SERVICE(S) ARE RECONNECTED FROM NON-PAYMENT A RECONNECT FEE WILL BE CHARGED AND MAY BE SUBJECT TO A HIGHER DEPOSIT AND ANY OTHER TERMS SET BY ORDINANCE OR REGULATION OF THE GOVERNING BODY. UNDERSIGNED CERTIFIES ALL INFORMATION WITHIN IS TRUE AND CORRECT.

_____   _____

SIGNATURE OF APPICANT   **SIGNATURE OF CO-APPICANT**

-- *OFFICE USE ONLY* --

DEPOSIT DATE: _____ CONNECT DATE: _____ ACCOUNT NUM.: _____

DEPOSIT TOTAL: $_____ = ELECTRIC $_____ + WATER $_____ RECEIPT NUM.: _____

DISCONNECT DATE: _____ REASON DISCONNECTED: _____

DEPOSIT REFUND DATE: _____ AMOUNT: $_____ CHECK NUM.: _____ APPLIED TO BILL: $_____
If **homeowner** has two consecutive years of good standing then deposit will be refunded to account.

DEPOSIT INTEREST REFUND: DATE_____ $_____, DATE_____ $_____, DATE_____ $_____,

DATE_____ $_____, DATE_____ $_____, DATE_____ $_____