

CITY OF BRIDGEPORT
APPLICATION FOR UTILITIES

ELECTRICITY – WATER – SEWER – SANITATION

YOU MUST BE 18 YEARS OF AGE FOR APPLICATION FOR SERVICES

DATE _____, 20_____

NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

PHONE NO. _____ CELL PHONE NO. _____

DRIVER'S LICENSE _____ METER READ DATE _____

NAME OF PROPERTY OWNER _____

ARE YOU RENTING? _____ DID YOU PURCHASE HOME/BUSINESS? _____

DO YOU HAVE EMPLOYMENT? _____ ARE YOU RETIRED? _____

NAME OF YOUR EMPLOYER _____

BANK & ACCOUNT NO. IF DIRECT BILLING _____

DATE OF WITHDRAWAL IS THE 1ST OF THE MONTH

IN CASE OF EMERGENCY NOTIFY: _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE LIVED THERE: FROM _____ TO _____

NAME OF COMPANY YOU PURCHASED UTILITIES FROM:

ADDRESS _____ CITY _____ STATE _____

APPLICANT'S SIGNATURE