

**ALL FORMS MUST BE SUBMITTED TO THE CLERKS'
OFFICE WITH UTILITY DEPOSIT**

**CITY OF WILLIAMSTOWN
CUSTOMER INFORMATION**

NAME(S): _____

***VALID IDENTIFICATION REQUIRED**

SOCIAL SECURITY # _____

E-MAIL ADDRESS (IF AVAILABLE): _____

THIS IS REQUIRED FOR ANY CHANGE IN SERVICE.

SPOUSE'S NAME (IF APPLICABLE) _____

ADDRESS OF PROPERTY SERVICE IS TO BE PROVIDED TO:

**ADDRESS OF BILLING ADDRESS IF DIFFERENT FROM SERVICE
ADDRESS:** _____

PHONE NO. WHERE YOU CAN BE CONTACTED:

**IF RENTAL PROPERTY, PROVIDE COPY OF LEASE AGREEMENT
DATE SERVICE IS TO BE EFFECTIVE:** _____

I (WE), _____

**HEREBY AGREE TO PAY THE CITY OF WILLIAMSTOWN FOR ANY
AND ALL CHARGES OF SERVICES PROVIDED.**