

ID# _____

ACCT # _____

START DATE _____

HULL MUNICIPAL LIGHT PLANT SERVICE REQUEST

PLEASE PRINT:

TODAY'S DATE _____

LAST NAME _____

FIRST NAME _____

REQUEST SERVICE AT _____

UNIT# _____ START ON _____ (MON-THURS ONLY)

MAIL BILL TO _____ CITY _____ STATE _____ ZIP _____

HOME PH # _____ WORK PH# _____ SS # _____

YOUR FORMER ADDRESS _____

HAVE YOU BEEN OUR CUSTOMER BEFORE? YES _____ NO _____

EMPLOYER'S NAME & ADDRESS _____

SIGNATURE (S) _____

FOR OFFICE USE ONLY DOOR HANGER YES _____ NO _____ KEY _____

ROUTE _____ RES _____ COMM _____ TAX FORM _____ FLOOD LT _____ RATE _____

OWNER _____ PROOF _____ RENTER _____ OCC CERT _____ PHOTO ID _____

TURN ONS\$ _____ DEPOSITS\$ _____ TRANS DEP _____ FROM _____ CODE 10 _____

METER # _____ READ ONLY _____ TURN ON _____ DATE _____

METER # _____ READ ONLY _____ TURN ON _____

PREVIOUS CUSTOMER ID# _____ LANDLORD AGREEMENT ID# _____

ACH offered? yes no