COLUMBIA CITY MUNICIPAL UTILITIES 260-248-5110 (Fax 260-248-5105)
APPLICATION FOR RESIDENTIAL UTILITY SERVICE
INFORMATION PROVIDED WILL BE FOR OFFICE USE ONLY

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ACCOUNT #_____
DEPOSIT DATE:_____

ELECTRIC MD: AMOUNT $_____ WATER MD: AMOUNT $_____
CONTACT OFFICE FOR AMOUNT
RECEIPT #_____ RECEIPT # _____

Today's Date:_____ Begin Service Date:_____

Address of new service_____

Billing Address: _____

	APPLICANT # 1	APPLICANT #2
Name	**_____**	**_____**
	Last First MI	**Last First MI**
Soc. Sec #	**_____**	**_____**
Date of Birth:	**_____**	**_____**
Phone Number	**_____**	**_____**
Previous Address	**_____**	**_____**
Employer	**_____**	**_____**
Employer's Address	**_____**	**_____**

Name of Relative Not at your Address_____

Relative's Address_____

Where Did You Have Electric Service Last (Town)?_____

Name of Company & Business Address_____

References (bank, charge, credit union, etc.)_____

Have you lived in Columbia City before?_____

Are you _____Buying _____Renting From Whom:_____

Type of Heat_____Type of Water Heater_____Type of Cooking Stove_____

I (We) request service as described above and agree to pay all charges in connection therewith. I (We) also agree to pay CCMU's attorney fees in the event of non-payment, whether or not suit is filed. By signing this Application, the undersigned hereby irrevocably and unconditionally submits his/herself to the jurisdiction of the courts of Whitley County, Indiana in any action or proceeding arising out of/or relating to this application for residential utility service.

This application is being signed in _____, IN.
City County

_____ _____
(1) APPLICANT'S SIGNATURE (2) APPLICANT'S SIGNATURE