



TOWN OF BERLIN UTILITIES

Application for New Residential Services

Services: Electric Water or Wastewater
 Tenant Owner

Date to Begin Service: _____

Last Name: _____

First Name: _____

Social Security Number: _____
(if two applicants, provide both Social Security Numbers)

Drivers License Number: _____

Mailing Address:

House Number / Street: _____

City: _____

Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Service Location Address:

House Number / Street: _____

City: _____

Zip Code: _____

Note: A deposit or credit letter may be required in some situations to initiate service.

Have you ever previously received utility service from the Town of Berlin? YES NO

If Yes: Address: _____

Account Number: _____

Name on account: _____

Customer Signature _____ Date _____

Town Representative _____ Date _____