

City of Falmouth Utility Application

Date: _____

Tenants Full Name: _____ D.O.B. _____

New Address: _____ Property Owner: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Previous Address: _____

Previous Landlords Name: _____ Phone #: _____

Of years: _____ Name of Utility Co. _____

Have you or anyone residing with you ever had City of Falmouth Utilities? Yes or No

If yes when and by whom? _____

Emergency Contact Person:

1. Name: _____ Telephone: _____

Address: _____

Number of residents that are residing in home: _____

**** Name of any person whom the City of Falmouth can discuss Utility Bill with. ****

_____ relationship _____

**Utility services are billed monthly. If your bill is not paid by the 10th of the month it is delinquent, and a 10% penalty is applied. You have till close of business day on the 15th to make you payment in full. If payment in not made the Disconnection Process will start. There is a \$50.00 Reconnection Fee that is charged to have Utilities restored. City of Falmouth Ordinance No. 2010-7.21A-2010-effective 7-1-2010.

The undersigned acknowledges that service is provided subject to adherence to the City of Falmouth's Utilities Ordinances. Undersigned also agrees to receive and pay for electric and/or water/sewer service in accordance with the rates, rules and guidelines set within the City Ordinances. Also by signing this application I give permission to my landlord to have access to my utility account.

Tenants Signature Date: _____

City of Falmouth Clerk Date: _____

Electric Deposit \$250.00: _____ Water Deposit \$150.00 _____ Paid: Cash, Check, Money Order

Photo ID: _____