



CITY OF FORT MORGAN APPLICATION FOR UTILITY SERVICE

I, _____ do hereby make application for Utility Service
from the City of Fort Morgan, at

Effective date of Service(s) begins _____

E-Mail _____

I am the Manager ____, Owner ____, Tenant _____

Requested Mailing Address (if different than address above)

Phone Number _____

Alternate phone number _____

Social Security Number _____

Rental Property? Yes ____ No ____

If yes, leave utilities turned on between renters? Yes ____ No ____

I do hereby certify that I am the above-named Applicant and that I will be responsible for payment of utility services provided at the above address from the requested date of service until I have properly notified the City of Fort Morgan to discontinue such services. Any utility deposit I have made will be applied to the final billing. If I am a Tenant, I agree that my utility service information with the City of Fort Morgan may be released to the Owner of the property or their designated representative at any given time.

Signature of applicant: _____ Must be 18 years or older to sign. Electronic
signatures not accepted.

Date: _____ (OFFICE USE ONLY) DEPOSIT \$ _____