

CITY OF FAIRFIELD RESIDENTIAL ELECTRIC SERVICE APPLICATION

City Customer # _____

The undersigned hereby agrees that in the event the account becomes delinquent, the application must pay in addition to the account balance, all costs of collection, reasonable attorney fees, and other costs incurred by the **CITY OF FAIRFIELD** in connection with the collection of the balance due for utility services rendered.

If any false or fraudulent information is provided by an applicant, the **CITY OF FAIRFIELD** retains the right to immediately disconnect utilities upon discovery of presentation of false information.

By signing below, I acknowledge that I have read and received a copy of this application regarding the nonrefundable fees by the **CITY OF FAIRFIELD**.

Date _____

Primary Applicant Print Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell # _____ E-Mail _____

Employer & Phone No. _____

Additional Applicant Print Name _____

Home Phone # _____ Cell # _____ E-Mail _____

Employer & Phone No. _____

Primary Applicant Signature _____

Additional Applicant Signature _____

This Section to be filled out by the Office. Do not write below this line.

Primary Applicant SSN# _____ DOB _____

Additional Applicant SSN# _____ DOB _____