

MORTON UTILITIES 120 N MAIN ST · PO BOX 28 · MORTON, IL 61550

Utilities Application

DATE _____

SERVICE ADDRESS _____

Property Owner

Renter

I HEREBY MAKE APPLICATION FOR THE FOLLOWING UTILITIES

GAS _____ WATER _____ OTHER _____
 Deposit Deposit Deposit

LANDLORD
ADDRESS
CITY, STATE, ZIP

APPLICANT INFORMATION	JOINT APPLICANT
FULL NAME	FULL NAME
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
BIRTHDATE	BIRTHDATE
PHONE NUMBER HOME WORK	PHONE NUMBER HOME WORK
DRIVERS LIC NO	DRIVERS LIC NO
PREVIOUS ADDRESS	PREVIOUS ADDRESS
EMPLOYER	EMPLOYER
EMERGENCY CONTACT NAME AND PHONE	EMERGENCY CONTACT NAME AND PHONE

Under penalty of perjury, the undersigned hereby affirms that all information contained in the application is true and correct. The undersigned hereby acknowledges that, if the Village of Morton provides utility services, he will agree to be bound by all ordinances, rules, and regulations of the Village of Morton pertaining to same that are now in effect and as they may from time to time be modified subsequent to the date of the application.

SIGNATURE DATE

SIGNATURE DATE