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| **Applicant** |  |
| Business Name:  | Date: |
| Telephone:  | Cell Phone:  |
| Partnership ⃝ Corporation ⃝ Sole Owner ⃝ | Email: |
| Service Address:  |  |
| City, State, Zip Code |  |
| Mailing Address: |  |
| Name of Owner/Operator | Title: |
| Tax ID Number or Social Security Number:  |  |
| Date of Birth: |  |
| Residence Address  |  |
| City, State, Zip Code: |  |
| Previous Address: |  |
| City, State, Zip Code: |  |
| **Utility Services Requested** | **How would you like your bill?** |
| Water/Sewer ⃝ Natural Gas ⃝ Tel/Com ⃝ | Email ⃝ OR Mail ⃝ |

Billing will include garbage fees as mandated by Dublin City Code-Section 11-34. Applicant represents that the information given in this application is complete and accurate and authorizes us to check with credit reporting agencies, credit references, and other sources disclosed herein in investigating the information given. If a corporation, please furnish a certificate of incorporation.

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| **By signing below, the applicant certifies the information in this application is true and complete.** |

|  |  |
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| Applicant Signature: | Date: |

**Attention DNG Customers:** Your signature on this form confirms that you have received your Customer Buried Pipping Letter & Safety Brochure.

**For office use**

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| Account Number: Date: Receipt Number: |
| Accepted by: |