

**CITY OF WILLIAMSTOWN
APPLICATION FOR CITY SERVICES**

CUSTOMER NAME:

_____ **(Must be name(s) on lease agreement or deed or closing statement) (Copy must be provided)**

SERVICE LOCATION:

DATE EFFECTIVE: _____

PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

COPY OF PRIMARY DRIVER'S LICENSE: _____

(Or Photo ID)

COPY OF SECONDARY DRIVER'S LICENSE: _____

Last 4 digits of Social Security #: _____ **Last 4 digits of Social Security #:** _____
(Primary) **(Secondary)**

MAILING ADDRESS:

_____ **(If different from Service Location)**

Have you or anyone residing with you ever had City of Williamstown Services? Yes or No
If yes when , service location and by whom:

The undersigned acknowledges that service is provided subject to adherence to the City of Williamstown's Ordinances. Undersigned agrees to receive and pay for electric and/or water/sewer/garbage/cable/internet service(s) in accordance with the rates, rules, and guidelines set within the City Ordinances.

_____ **Customer's Signature (Primary)**

_____ **Date**

_____ **Customer's Signature (Secondary)**

_____ **Date**