

CITY OF CARENCRO APPLICATION FOR GAS, WATER, SEWER, AND TRASH

Date: _____

Main Account Holder Name: _____

Social Security#: _____ Home phone: _____

Email address: _____ *Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Co-Account Holder Name: _____ **Co-Account Holder Phone#:** _____

Relationship to Account Holder? _____

Do you give permission for your co-account holder to question your account? Yes ___ No ___

Do you give permission for your co-account holder to transfer your account or process a move out? Yes ___ No ___

Do you share your deposit and bill responsibility with Co-Account Holder? Yes ___ No ___

If yes, deposit and bill responsibility is shared, please submit copy of Co-Account Holder's driver's license.

Service Address: _____

Mailing Address: _____

Alternate contact: (a relative or friend) not living with you: _____

(Someone who knows how to contact you in case of an emergency)

Relationship to you: _____ Alternate contact's phone: _____

Have you had services with Carencro Utilities before? Yes ___ No ___

Are you renting here? Yes ___ No ___

If so, who is the owner of the home? _____ Home Owner's phone: _____

For the service address: What services are you turning on here:

Gas ___ Water ___ Sewer ___ Trash: Residential ___ Recycle Cart Wanted: Yes ___ No ___

How many people will be living in your home?

If there is gas at this address, what appliances are gas?

Information for city demographics only.

Gender: Male ___ Female ___

Race:

American Indian/Alaska Native ___ Native Hawaiian or Other Pacific Islander ___

Asian ___ White: _____

Black or African American ___ Other: _____

Ethnicity:

Hispanic or Latino ___ or Not Hispanic or Latino ___

BELOW THIS LINE FOR OFFICE ONLY

Account Id#: _____ User #: _____ GOT New Account# _____

Deposit Amount: \$ _____ Date of Deposit: _____

DATE OF FIRST BILL: _____ **We NEED A COPY OF DRIVER'S LICENSE ___ AND BILL OF SALE OR RENTER'S LEASE**

DL _____

Renter's Lease or Bill of Sale _____