

APPLICATION FOR UTILITIES

(A current Driver's License and Social Security Number is required for all applicants)

The City of Troy is committed to ensuring that your information is secure. In order to prevent unauthorized access or disclosure, we have put in place suitable physical, electronic, and managerial procedures to safeguard and secure the information we collect.

Residential Deposit (refundable) & Connection Fee (non-refundable) charges: Electricity & Water = \$180 Electricity Only = \$145 Water Only = \$45

* Commercial deposit determined by the Utility Billing Office * Please see our Utility Rate Schedule for complete breakdown of charges and fees.

ACCOUNT INFORMATION (Applicant must be 18 years of age or older)	
Name of Applicant:	Date:
Business Name (if applicable):	
Applicant's Phone No:	Date of Birth:
Driver's License #/Other ID:	Social Security #/Tax ID:
Desired Date for Service Connection:	Landlord's Name if renting:
Service Address:	
Billing Address:	
Emergency Contact:	Emergency Phone No:
I would like to receive my bill by: $\ \square$ Mail ONLY $\ \square$	Email ONLY Email:
I would like to receive utility notifications by: \Box Phone	Call Text Message
☐ I authorize the City of Troy to obtain information fro determine my deposit requirements. (Social Security	om my personal credit profile solely to confirm my identity and y number is required)
☐ I am interested in having my monthly payments deb through Automatic Bank Draft.	oited directly from my bank account on the 10 th of each month
Ordinances, requests for disconnection must be submitted in writing	ce of service when applicable: ** Pursuant to Sec. 13-10 of the City of Troy Code of ing and are not accepted over the phone. If an account holder fails to notify the City of service is placed back into the owner's name or a new occupant requests service.
, ,	s exclusively for the Applicant. Bills are due and payable in a manner & time indicated on payment or violation of law and/or City ordinances, rules or regulations. Applicant does tion is complete and accurate.
Applicant Signature	Date
THIS SPACE RESERVED FOR OFFICE USE ONLY	
Deposit waived: ☐ Yes ☐ No	
Property Zoning Classification: Is the	usage of this property in accordance with the zoning regulations? \Box Yes \Box No
Current City of Troy Business License? ☐ Yes ☐ No Licens	se #: Building Permit:
Application Reviewed By:	pplication Received By: ☐ Office ☐ Mail ☐ Fax ☐ Other