UTILITY BILLING REGISTRATION Complete <u>ALL</u> sections. Print <u>CLEARLY</u>

1 Social	Security or Business ID #		
2 Name (first, middle initial, last)			
3 NEW Service Address (include apt or lot #)			
4 Phone	Number & Email		
5 Names	of all persons over		
 age 18	living at this address		
(includ	e age if retired)		
6 I am a	renter (circle one)	Yes	If Yes, complete Lines 7 and 8
		No	If No, go to Line 9
7 Landlo	rd Name		
8 Landlo	rd Phone Number		
9 I own	this property & rent it	Yes	If Yes, complete Line 10
to oth	ers.	No	If No, go to back of form
10 Landlo	rd Mailing Address		
City, S	cate, Zip Code		
Altern	ate Emergency Phone #		



MAILING ADDRESS FOR BILL

(if different from property address)	
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	-

I hereby make application to the City of Fremont Utility Billing Office occupied by me as a residence or business and agree to pay for the same promptly at the regular rates and according to the rules of said utility.

It is understood that for service, a minimum charge per month will be paid for "readiness to serve" where the installation remains connected to lines. I also agree to be responsible for utility services to the said address until twenty-four business hours after notice has been duly given to the office of the said utility to discontinue the supply.

I further agree that the agent of said utility shall have free access to any metering device at all reasonable hours and may remove same for any purpose. Upon failure to comply with any of the rules of the said utility, or for any indebtedness whatsoever, said utility may in addition sever the connection. I further agree to protect the meter(s) from damage and to keep curb boxes in good repair and readily located.

Signature	Date	