

**CITY OF CARLISLE**

**APPLICATION FOR WATER & ELECTRIC SERVICE**

NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY ACCOUNT NUMBER: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_

APPLICANT'S EMPLOYMENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

APPLICANT'S EMPLOYMENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

COMPANY WHO LAST SERVICED UTILITIES:  
\_\_\_\_\_

AMOUNT OF DEPOSIT: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

LETTER OF CREDIT: \_\_\_\_\_ DATE PAID: \_\_\_\_\_