

ACCT. # _____

BOROUGH OF MIFFLINBURG
120 NORTH 3RD STREET
MIFFLINBURG, PA 17844
(570)966-1013

APPLICATION FOR ELECTRIC/WATER/SEWER SERVICE
(PRINT OR WRITE CLEARLY)

1. YOUR NAME _____
FIRST MIDDLE INITIAL LAST

2. CO-APPLICANT NAME _____
FIRST MIDDLE INITIAL LAST

3. ADDRESS WHERE ELECTRIC SERVICE IS TO BE SUPPLIED _____

4. YOUR TELEPHONE NUMBER _____

5. DO YOU **OWN** OR **LEASE** THE PROPERTY WHERE ELECTRIC SERVICE IS REQUESTED?
(CIRCLE ONE)
IF LEASING, PLEASE ATTACH A COPY OF YOUR **SIGNED** LEASE AGREEMENT.

6. WILL YOU BE OPERATING A BUSINESS FROM THIS LOCATION? **YES** **NO**
IF YES: _____ % OF THE LOCATION IS DEVOTED TO THE BUSINESS

7. IF YOU RENT, NAME OF LANDLORD, PERSON OR REALTOR TO WHOM YOU PAY RENT:

8. NAME OF LAST ELECTRIC UTILITY COMPANY THAT SUPPLIED SERVICE TO YOU:
NAME: _____
ADDRESS: _____
ACCT. #: _____

9. YOUR PRESENT EMPLOYER: NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

10. CO-APPLICANTS PRESENT EMPLOYER: NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

11. LIST **TWO** BUSINESS, CREDIT, OR LENDING INSTITUTIONS WHERE YOU HAVE BEEN
EXTENDED CREDIT:
1. _____
2. _____

12. LIST THE NAME(S) OF THE ADULTS LIVING WITH YOU AT THE ADDRESS WHERE
ELECTRIC SERVICE IS TO BE SUPPLIED: _____

13. NEAREST RELATIVE **NOT** LIVING WITH YOU: _____
ADDRESS: _____
PHONE NUMBER: _____

THE APPLICANT AGREES TO ABIDE BY THE ELECTRICAL TARIFF RULES AND REGULATIONS OF THE BOROUGH OF MIFFLINBURG. FAILURE TO NOTIFY THE BOROUGH OF MIFFLINBURG OF YOUR INTENT TO TERMINATE SERVICE AND/OR FAILURE TO PAY YOUR ACCOUNT UPON TERMINATION WILL RESULT IN LEGAL ACTION TO SECURE FULL PAYMENT AND ALL ASSOCIATED COSTS.

(APPLICANT'S SIGNATURE)

(DATE)

(SOCIAL SECURITY NUMBER)

(CO-APPLICANTS SIGNATURE)

(DATE)

(SOCIAL SECURITY NUMBER)

NOTE: SECURITY DEPOSIT FOR THE ABOVE ADDRESS IS \$ _____