120 N. 3rd Street
Mifflinburg, PA 17844

P: (570) 966-1013
F: (570) 966-4258

Application for Electric / Water / Sewer Service
(PRINT OR WRITE CLEARLY)

Today's Date: _____   Service Start Date: _____

Do you **own** or **lease** the property where service is requested? (Circle One)
         If leasing, please attach a copy of your **signed** lease agreement.

Services to be provided: ☐ Electric   ☐ Water / Sewer

Service Address	Account #: (Office Use Only)
Street Number	Street Name	Apt. #	
Landlord's Name:	Landlord's Phone #:

Applicant Information

Name: (First, Middle Initial, Last)	Present Employer Name:
Birth Date:	Present Employer Address:
Email Address:	Present Employer Phone #:
Home Phone #:	Cell Phone #:

Co-Applicant Information

Name: (First, Middle Initial, Last)	Present Employer Name:
Birth Date:	Present Employer Address:
Email Address:	Present Employer Phone #:
Home Phone #:	Cell Phone #:

1. Will you be operating a business from this location? **YES   NO**

   If YES: _____ % of the location is devoted to the business.

2. Name of last utility company that supplied services to you:

Name:
Address:
Account #:

3. List **two (2)** business, credit, or lending institutions where you have been extended credit:

1.
2.

4. List the name(s) of the adults living with you at the address where electric service is to be supplied:

1.
2.

5. Nearest relative **not** living with you:

Name:
Relationship:
Address:
Phone #:

FOR OFFICE USE ONLY
Deposit Received: $_____   □ Cash   □ Check   □ Money Order

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: (Please attach a copy your Photo ID)

_____   _____
(Applicant's Name)   (Social Security #)

_____   _____
(Applicant's Signature)   (Date)

Co-Applicant: (Please attach a copy your Photo ID)

_____   _____
(Co-Applicant's Name)   (Social Security #)

_____   _____
(Co-Applicant's Signature)   (Date)