

RESIDENTIAL APPLICATION NEW SERVICE

DATE: \_\_\_\_\_

DATE YOU DESIRE SERVICE IN YOUR NAME: \_\_\_\_\_

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

NEW ADDRESS: \_\_\_\_\_ FLOOR OR APT. \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

HOME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_

PLEASE CIRCLE ONE: RENTAL PURCHASING HOME BUILDING HOME

OWNER OF THE PROPERTY: \_\_\_\_\_ TEL. NO. OF OWNER: \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN A WMGLD CUSTOMER? YES NO YEAR \_\_\_\_\_

PREVIOUS TENANT (if known) \_\_\_\_\_ YES NO

CIRCLE ONE: ELECTRIC HEAT GAS HEAT OIL HEAT

ARE YOU INTERESTED IN THE DIRECT PAYMENT PLAN?

\*LIST HOUSEHOLD RESIDENTS OVER 65 YEARS OF AGE: \_\_\_\_\_

**NOTE: IF THE METER MUST BE TURNED ON, SOMEONE MUST BE AT HOME.**

**DEPOSIT REQUIREMENTS - RENTAL PROPERTY ONLY:**

**A \$250.00 DEPOSIT IS REQUIRED FOR ALL RESIDENTIAL RENTALS NOT HEAT RELATED.**

**A \$400.00 DEPOSIT IS REQUIRED WHEN RENTAL INVOLVES GAS OR ELECTRIC HEAT.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

OFFICE USE ONLY:

Previous Acct. #: \_\_\_\_\_ New Acct. #: \_\_\_\_\_

Name (Previous): \_\_\_\_\_

Deposit Required: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Application Received By: \_\_\_\_\_