ACCOUNT NUMBER

OFFICE USE ONLY

CONNECTION DATE _____

MANSFIELD MUNICIPAL ELECTRIC DEPT.

APPLICATION FOR RESIDENT SERVICE

Tenant _____

Owner _____

OFFICE USE ONLY

NAME (1) _____
LAST FIRST MID INIT (MAIDEN NAME)

NAME (2) _____
LAST FIRST MID INIT. (MAIDEN NAME)

DATE OF BIRTH (1) _____ DATE OF BIRTH (2) _____

SS # (1) _____ SS # (2) _____

NEW ADDRESS _____
NO STREET APT # BLDG #

_____

MAILING ADDRESS _____

CITY/STATE/ZIP _____ HOME TEL. # _____

PREVIOUS ADDRESS _____

_____

_____

Place(s) of Employment

(1) Applicant _____ Work Tel. # _____

(2) Applicant _____ Work Tel. # _____

Do you own the premises where service is to be supplied? Yes _____ No _____

If NO, please list landlords name, address & phone number _____

_____

In consideration of the Mansfield Municipal Electric Dept. supplying service to the premises listed above, we, the undersigned, jointly and severally agree to be liable for any and all proper charges for such services.

Witness our hands and seals this _____ day of _____ 20____

Thank You!

MMED Witness to Signature:

_____

Applicant's Signature:

_____

_____