

Welcome to Town of Benson

RESIDENTIAL SERVICE APPLICATION/AGREEMENT

Date: _____ Service Representative: _____

Customer's Name: _____

Spouses Name: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Mailing Address(if different) _____
Email Address _____

Home Telephone Number: (_____) _____ Cell: (_____) _____
Work Telephone Number: (_____) _____

Customer's Social Security Number: _____
Spouse's Social Security Number: _____
Customer's Driver's License Number: _____

Previous Service Address: _____

Employer's Name: _____

Spouse's Employer's Name: _____

Services Requested: _____

- Electricity
- Water
- Garbage Pick-up
- Sewer
- Load Management for Water Heater
- Load Management for Air Conditioner
- Area Light
- Other

Date and Time Requested: _____ Before Noon After 2 p.m.

Deposit:

Do you own or rent your residence? Landlord's Name: _____

Deposit Received: Cash Check Credit Card Amount of Deposit: \$ _____

Number in Household:
Adults: _____ Children: _____