

CITY OF SCOTTSBLUFF UTILITY SERVICE START UP

Name: _____ SSN # _____
Phone #'s _____ Driver's License/ID # _____

Other Authorized Person: _____ Phone # _____
(for account information only)

Servicing Address: _____

Different Mailing Address: _____

Email Address: _____ Email Bills: YES or NO

****Automatic Bank Payment: YES or NO - complete bottom portion & provide a voided check****

Current Employer: _____ Phone # _____

Contact Person: _____ Phone # _____
(In Case of Utility Emergency)

RENT or OWN If Rent, Landlord's Name: _____
Phone #: _____

Date Service Requested: _____ Today's Date _____

Signature: _____

<p>For Office Use Only: Deposit Required: Y or N Receipt # _____ UB Info Brochure Given: Y or N Letter of Credit from _____ City Staff Initials _____ Date _____</p>

Please complete for Automatic Bank Payment

Utility Acct # _____ Date _____

Servicing Address _____

Bank Name _____ City _____

Bank Routing Number _____

Bank Account Number _____

You are hereby authorized and requested, until otherwise instructed, to pay and charge to my account all bills for utilities rendered against the undersigned by City of Scottsbluff.

Customer Account Signature _____