	SSN or Tax ID No.	
Mt. Pleasant Utilities	Birth Date _	
	Phone No	
Service: Permanent [] Temporary [] Electric []	Water []	Deposit Yes [] No []
Date Applied Date to be Completed		Deposit Amount \$
Customer Name	Account No	
New Service Address		Apt. No
Own property [] Rent Property [] Property Owner's Na	ame	
Mailing Address (if different)		
Previous Address		
The Utilities reserves the right to read, change, replace, man hours or during any emergencies. By signing this form, the meters and associated equipment used to deliver utility services.	customer agre	ees to give the Utilities access to all
WATER: The Utilities maintains the service to the curb shut of ELECTRIC: The Utilities maintains the line to the meter box of the service to the curb shut of the meter box of the service to the curb shut of the service to the service		
\$27.00 Charge on all Returned Checks		
2M - 8/08	Ci	ustomer's Signature

10/15 E15SF000601