



CITY OF HAMPTON

Today's Date: _____

NEW UTILITY SERVICES APPLICATION AND AGREEMENT

Please provide proof of ownership (i.e.. deed, lease, rental agreement), a valid photo ID, Letter of Credit (not required) and have your deposit ready.

*****This form MUST be completed in its entirety.*****

APPLICANT: PROPERTY OWNER TENANT MANAGEMENT COMPANY

(Please Check)

Is this a Landlord Account? Yes No

If renting, please provide the following information:

Landlord Name: _____ Landlord Phone #: _____

APPLICANT INFORMATION (Co-Applicant Information on back page)

Service Request Date: _____ Drivers License #: _____ DOB: / /

Customer Name: _____ Last 4 of SS #: _____

Email Address: _____ Phone #: _____

Service Address: _____

Mailing Address: _____
(Only if different from above)

Employer's Name: _____ Phone #: _____

RESIDENTIAL GARBAGE ADD-ONS (FOR COMMERCIAL RATES ASK CUSTOMER SERVICE)

Weekly garbage pickup is \$18.96 per month.

Optional extra garbage Can is \$13.33 per month. Yes No

Please see New Customer Packet for your specific garbage pick up day and information.

PLEASE CONTINUE

NEW UTILITY SERVICES AGREEMENT

Release of Liability : Before the City of Hampton can turn on electricity and/or water, please make sure all water connections and electrical connections are turned OFF.

Initials: _____

I understand that failure to pay on or before the 10th of the month will result in an immediate 10% late fee and disconnection of services with a \$25 disconnect and a \$25 reconnect fee. If services have been disconnected, all monies owed on the account must be paid for in full before services will be restored.

When I move, I will notify the City of Hampton as soon as possible. I will complete the City's disconnect form and have my final bill sent to my forwarding address. I will be responsible and billed for any services used since the last billing cycle. I agree to pay the billed balance within 45 days or I will be sent to collections.

I agree to abide by the rules and regulations of The City of Hampton's Electric, Water, Sewage, and Garbage Department (found in the New Resident Information Packet). I also confirm that a New Resident Information Packet was received and by signing below I confirm that the information stated on this application is true and correct.

APPLICANT SIGNATURE: _____

CO-APPLICANT INFORMATION (OPTIONAL)

A co-applicant is another person whose name is on the bill. They also have access to the account and all of the account information.
Co-applicant MUST be present at the time of service connection.

CO-APPLICANT NAME (Print): _____

CO-APPLICANT SIGNATURE: _____

Last 4 of SS #: _____ Drivers License #: _____ DOB: / /

Email Address: _____ Phone #: _____