



# 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 \$18.50 per month.

Optional extra garbage Can is \$13.00 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 #: \_\_\_\_\_