

REQUEST FOR ACCOUNT CHANGES AT HARDESTY MUNICIPAL AUTHORITY

Account # _____ Premise # _____ DATE ____/____/____

CHECK ALL THAT APPLY.

NAME _____

COAPPLICANT _____

MAILING ADDRESS _____

HOME PHONE _____

WORK PHONE _____

SERVICES TRANSFERRED TO THE FOLLOWING ADDRESS:

ON THIS DAY ____/____/____ (MM/DD/YYYY)

OTHER _____

I, the applicant, do hereby request the above changes applied to my active account, and do hereby understand and agree that I will be responsible for the cost incurred on utilities at the above stated address until such time as I have informed the Town Clerk of utility disconnect and ensured the bill for said location has been paid in full. I also understand that all city utility billing is due on the 10th of each month and that it is my responsibility to ensure said bill is paid in full and on time.

X _____ (CUSTOMER'S SIGNATURE)

ACCOUNT CHANGES APPLIED ____/____/____ (MM/DD/YYYY)

X _____ (TOWN CLERK'S SIGNATURE)