

CITY OF NASHUA

HOME OWNER
APPLICATION FOR UTILITY SERVICE
** MUST BE 18 YEARS OF AGE**



1) Main Account Holders Name _____ Social Security # _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Employer _____ Phone _____

2) Joint Home Owners Name _____ Social Security _____

Home Phone _____ Cell Phone _____

Employer _____ Phone _____

Trash Tote Size: 35 gallon \$15.75 65 gallon \$19.43 95 gallon \$25.20 - Rates Subject to Change

In case emergency services are required, and we are unable to locate you, please list a friend or relative living nearest to you whom we could contact:

Name _____ City _____ Phone _____

I understand as the home owner:

1. I request utility services provided by the City of Nashua to be provided at the service address(s) listed below and all charges for the utilities will be billed to the occupant, lessee or renter of the property(s).
2. I shall provide notification to the City of proper identification of the occupant(s) or any changes of occupancy or billing information related to such property(s) within 10 days of such changes.
3. The City has the right to disconnect services if the occupant(s), lessee or renter of the below property(s) if they become delinquent in payment.
4. If any charges, fees or rent for utility services remain delinquent and unpaid, I as the owner shall pay such charges, fees or rent within fifteen days of receipt of notice of delinquency or unpaid balance.
5. Attorney fees and costs related to noncompliance of any parties agreed to herein shall be paid by the party(s) held in default for said noncompliance.

I hereby apply for Nashua utility services for the below service address(s) as the home owner and agree to the above listed items. I give the City of Nashua permission to disconnect services per the City Ordinance.

Service Address(s)/Service Start Date(s)

1) _____ 2) _____

3) _____ 4) _____

Signed _____ Signed _____
Date Date

City Official Signature _____
Date

The following information is kept confidential and is not Public Record

Applicant #1

1) Drivers License # _____ Date of Birth _____ SS# _____

Applicant #2

2) Drivers License # _____ Date of Birth _____ SS# _____

To prevent Identity Theft a copy of a Government Issued Photo ID is REQUIRED to be attached to this application.

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Additional Service Address(s)

5) _____	6) _____
7) _____	8) _____
9) _____	10) _____
11) _____	12) _____
13) _____	14) _____
15) _____	16) _____
17) _____	18) _____
19) _____	20) _____