

CITY OF ST. JOHN

APPLICATION FOR ELECTRIC AND WATER SERVICE

Date: _____

Phone Number: _____

Account Number: _____

Name: _____

Maiden Name: _____

Service Address: _____

Mailing Address: _____

Previous Address: _____

Do you (Circle One): Own Rent Landlord's Name: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Occupation: _____

Employer: _____ Phone #: _____

Spouse's Name: _____ Maiden Name: _____

Date Birth: _____ Social Security Number: _____

Driver's License Number: _____ Occupation: _____

Employer: _____ Phone #: _____

Utility Deposit Requirements:

- *Cash Deposit equal to the expected average bills for a three month period.
(Determined by taking the previous 12 months total billings, dividing the total by 4)*
- *OR: Signed Guarantee by a current utility customer of the city with a minimum of 12 months utility history at their present address; the guarantor must have no more than two late payments in the 12 months immediately prior to the giving of the guarantee; and the guarantor must have no prior disconnection of service for nonpayment and have had no checks returned to the city due to insufficient funds.*
- *OR: Letter of Credit from a utility provider – customer must meet the same criteria as stated above with regard to their immediate past utility provider and shall have paid their final utility bill, if due.*
- *Cash Deposits will be refunded (with interest) following 12 months of service without any delinquent payments*

Signature of Applicant: _____

YOU MUST HAVE A PICTURE I.D. WITH YOUR NAME.