



Application for Residential Utility Service

101 Wright Place / Greenwood, MS 38930 / (662) 453-7234 / Fax (662) 455-4611
Email: service@greenwoodutilities.com

APPLICATION REQUIREMENTS: 1 Valid Photo ID, Social Security Card, Property lease/rental agreement or Proof of ownership

Date: _____ Account Number: --

Name: _____ Gender: M (___) F (___)

Service Address: _____ Service Request Date: ___/___/___

Mailing Address (if different): _____

Previous Address: _____ Do you need to transfer services? Yes (___) No (___)

Disconnect Date at previous address: ___/___/___ Previous Account Number: _____

Social Security #: _____ Drivers License or ID#: _____ State: _____

Date of Birth: ___/___/___ Phone#: _____ Work Phone #: _____

Employer's Name, Address, & Phone #: _____

Co-Applicant: _____ Date of Birth: ___/___/___

Social Security #: _____ Drivers License or ID#: _____ State: _____

Have you had services previously with Greenwood Utilities? Yes (___) No (___)

Do you rent or own? _____ Landlord's Name: _____

Landlord's Phone#: _____

The Applicant, whose signature appears below, applies to Greenwood Utilities (GU) for some or all of the following services: Electric, Water, Sewer and Garbage. The Applicant agrees to pay for said services as bills are rendered therefore, in accordance with the rates, rules and regulations as provided in the City Charter or by City Ordinances as now existing or as may be enacted and in effect at the time of delivery, regardless of who the consumer might be. The Applicant further agrees to release and discharge said GU from a liability for damages suffered (1) by reason of electric or water currently furnished to the premises, or (2) by reason of interruption, discontinuance or disconnection of service hereunder from any cause other than negligence by GU or (3) by reason of the condition, maintenance, location, or existence of any of the facilities, fixtures or systems located on or adjoining the property supplied and by which services are furnished and delivered. Service requests for disconnections will be processed within 48 hours. (Hold pending approval)

Applicant agrees to follow all current or as amended policies and procedures established in the Greenwood City Ordinances and GU Services. Such policies and procedures can be found on the links provided below.

Applicant Date

Co-Applicant Date



CONNECTION QUESTIONNAIRE

Please circle one.

Would you be interested in the future **GU Prepaid Metering Program**? YES NO

Is anyone in the home on a life support system?
Please notify us immediately if this changes. YES NO

Would you like your payments drafted from your bank account?
(Visit Website www.greenwoodutilities.com for enrollment.)
Please note that transferring services will require setup of the new account to continue in Auto Pay. YES NO

Do you have another person or agency you would like a copy of your statements mailed to? YES NO

Name _____

Address _____

Level Billing Program averages a residential customer's last 12 electric charges. Then charges the rolling average each month. Would you be interested in this program? YES NO

I acknowledge that the above information has been explained to me, and understand the options I have chosen will be applied to my account and any forms to be filled out must be returned within 10 days of the date of connection.

_____ / / _____

Applicant's Signature

Date

Social Security Number Privacy Policy

Protection of Information

GU recognizes the importance of maintaining the confidentiality of the social security # and shall protect this information at all times by storing it electronically. Access to this information shall be limited to authorized GU employees only.

I acknowledge receipt of this privacy notice.

Printed Name _____ / ____ / _____ Date

Signature of Applicant