



Public Utilities



Application for Utility Services

To be completed by the person responsible for utilities at this residence.

Name: _____

Service Address: _____

Date Moving In: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Previous Address: _____

Another Contact Person: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone Number: _____

I authorize the City of Fairmont to release information to my landlord regarding utility service disconnection(s). _____

To be completed by the co-applicant residing at the above service address.

Name: _____

Social Security Number: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Previous Address: _____

Another Contact Person: _____ Relationship: _____

Address: _____ Phone Number: _____

Please list all adults, 18 years of age and older, residing at this residence.



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Tennessee Warning/Waiver of Claims

As an applicant for utility services in the City of Fairmont, I have voluntarily supplied data about myself, which may be public and/or private in nature. I understand as a part of the application, I am requested to supply this information. I understand failure to provide accurate and adequate data may disqualify me for receiving services. I understand the data I have provided may be shared in whole or in part by other agencies, by other public and private entities and by other persons, for the purpose of establishing worthiness. I, therefore, waive my right to claim and hereby agree to hold harmless the City of Fairmont and any of its agents or employees for any injury or damage, which I may experience as a direct or indirect result of the intended use of this information. I agree to use the service and make payments according to the rules of the City as stated in the Utility Service Contract.

Signature: _____ Date: _____

Signature: _____ Date: _____

In addition to the primary obligor, the undersigned does personally and unconditionally guarantee the due and punctual payment for charges of utility services to the premises described above.

Signature: _____ Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____