



Applicant Information

Applicant First Name										Last Name									
Applicant Driver's License Number										Issuing State		Expires Date		Month		Day		Year	
Birth Date		Month		Day		Year													
Occupation										Social Security Number									
Employer										Work Phone									
Employer Address																			
City										State		Zip or Postal Code							

Co-Applicant Information

Co-Applicant First Name										Last Name									
Co-Applicant Driver's License Number										Issuing State		Expires Date		Month		Day		Year	
Birth Date		Month		Day		Year													
Occupation										Social Security Number									
Employer										Work Phone									
Employer Address																			
City										State		Zip or Postal Code							

I hereby apply for Utility Services of the City of Gallup (hereinafter referred to as the "City") consisting of electric, water, sewer and sanitation (unless the City is unable to provide some services). I agree to conform to the rules, regulations, and ordinances established and to be established by the City as a condition for use of the services and utilities. I agree to pay therefore at the rate currently in effect and as they may be changed by the City.

Furthermore, I agree to notify the City in writing of the day on which I desire to discontinue service. I shall be liable for all bills incurred for electric, water, sewer, and sanitation services until such notice is given and my deposit will be applied toward payment of such bills.

I agree to hold harmless the City for damages or injury caused by power failure or leaking water on my portion of services; and for injury or damage caused by power failure or leaking water from the City's lines until after the City has been notified and given a reasonable time to repair the failure or leak.

I certify that I have read the above and that all information supplied on this application is correct to the best of my knowledge and that I am authorized to execute this application.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Applicant Signature Date Co-Applicant Signature Date

OFFICE USE ONLY

Account Number				- Deposit Number				Amount							
Service Request Date				Work Order				CSR Initials							
Current Service Termination Date				Work Order											