

APPLICATION FOR SERVICE
RESIDENTIAL CUSTOMERS

1) S.S. #

2)

DATE: _____

DATE YOU DESIRE SERVICE IN YOUR NAME: _____

NAME: _____

NEW ADDRESS: _____ FLOOR OR APT. _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____ CITY: _____ STATE: _____ WORK PHONE: _____

HOME PHONE: _____ EMERGENCY PHONE: _____

PLEASE CIRCLE ONE: RENTAL PURCHASING HOME BUILDING HOME

OWNER OF THE PROPERTY: _____ TEL. NO. OF OWNER: _____

TENANT USE ONLY:

HAVE YOU PREVIOUSLY BEEN A WMGLD CUSTOMER? YES NO YEAR _____

PREVIOUS TENANT (if known) _____

ARE YOU RESPONSIBLE FOR PAYING YOUR OWN HEAT? YES NO

IF "YES", CIRCLE ONE: ELECTRIC HEAT GAS HEAT OIL HEAT

IS THERE NOW GAS SERVICE ON THE PREMISE? YES NO

ARE YOU INTERESTED IN THE DIRECT PAYMENT PLAN? YES NO

*LIST HOUSEHOLD RESIDENTS OVER 65 YEARS OF AGE: _____

NOTE: IF THE METER MUST BE TURNED ON, SOMEONE MUST BE AT HOME.

DEPOSIT REQUIREMENTS - RENTAL PROPERTY ONLY:

A \$250.00 DEPOSIT IS REQUIRED FOR ALL RESIDENTIAL RENTALS NOT HEAT RELATED.

A \$400.00 DEPOSIT IS REQUIRED WHEN RENTAL INVOLVES GAS OR ELECTRIC HEAT.

SIGNATURE OF APPLICANT: _____

OFFICE USE ONLY:

Previous Acct. #: _____ New Acct. #: _____

Name (Previous): _____

Deposit Required: \$ _____ Receipt #: _____

Application Received By: _____

SPECIAL NOTES/APPOINTMENTS FOR READINGS:

