

**TOWN OF ELKTON**  
**APPLICATION FOR SERVICES**

<i>Check All Services Required</i>		<i>Check Correct Box</i>
<input type="checkbox"/> Electric	<input type="checkbox"/> Water	<input type="checkbox"/> Own
<input type="checkbox"/> Sewer	<input type="checkbox"/> Garbage	<input type="checkbox"/> Renting (list landlord) _____

**BUSINESS APPLICATION**

CORPORATION                       LLC                       SOLE PROPRIETORSHIP                       NON-PROFIT

Name \_\_\_\_\_ SSN / Fed I.D. # \_\_\_\_\_

Co-Applicant \_\_\_\_\_ SSN / Fed I.D. # \_\_\_\_\_

Trade Name \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Bill to Address \_\_\_\_\_

I UNDERSTAND THAT A PENALTY WILL BE ASSESSED ON BILLS NOT PAID BY THE DUE DATE AS SHOWN ON THE BILL AND SERVICE MAY BE DISCONTINUED FOR NON-PAYMENT. THE UNDERSIGNED WILL BE RESPONSIBLE FOR PAYMENT ON ALL UTILITY CHARGES UNTIL NOTIFICATION IS GIVEN TO DISCONNECT SERVICE. I ALSO DECLARE THAT THE INFORMATION PROVIDED IS TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ ALL TERMS AND CONDITIONS REQUIRED FOR RECEIVING UTILITY SERVICES WITH THE TOWN OF ELKTON.

Date Requesting Service \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name as listed on real estate/personal property taxes \_\_\_\_\_