

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

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

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_

Co-Applicant \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_

Service Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

IN ORDER TO ESTABLISH UTILITY SERVICE, TWO FORMS OF IDENTIFICATION ARE REQUIRED AND MUST BE PROVIDED:

Drivers License / Passport # \_\_\_\_\_ Second I.D. \_\_\_\_\_

I HAVE READ ALL TERMS AND CONDITIONS REQUIRED FOR RECEIVING UTILITY SERVICES WITH THE TOWN OF ELKTON.

I UNDERSTAND THAT A PENALTY WILL BE ASSESSED ON BILLS NOT PAID BY THE DUE DATE AS SHOWN ON THE BILL.

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

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

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

IF TRANSFERRING SERVICE WITHIN THE TOWN, PLEASE FILL OUT THE FOLLOWING:

Current Service Address \_\_\_\_\_

Disconnection Date Requested \_\_\_\_\_