

Contact: Ashley Gutierrez
Utility Clerk 719-346-8652

City of Burlington
APPLICATION FOR RESIDENTIAL UTILITY SERVICE
415 15TH STREET – PO BOX 366 – BURLINGTON, CO 80807

APPLICANT 1: _____ APPLICANT 2: _____

DATE TO BEGIN SERVICE: _____ PREVIOUS ADDRESS IF TRANSFERRING: _____

SERVICE ADDRESS: _____ MAILING ADDRESS _____

PHONE 1: _____ PHONE 2: _____ DOB #1: _____ DOB #2: _____

SOCIAL SECURITY #1: _____ SOCIAL SECURITY #2: _____

DRIVER'S LICENSE #1: _____ DRIVER'S LICENSE #2: _____

EMPLOYER NAME: _____ EMPLOYER PHONE #: _____

EMERGENCY CONTACT **NOT** LIVING IN SAME HOUSEHOLD NAME, ADDRESS & PHONE NUMBER:

HAVE YOU HAD UTILITIES WITH THE CITY OF BURLINGTON IN THE PAST? NO _____ YES _____ YEAR _____

I AUTHORIZE THE FOLLOWING PERSON(S) TO HAVE ACCESS TO MY ACCOUNT: _____

I do hereby certify that I am the above named applicant and that I will be responsible for payment of utility services provided at the above address from the requested date of service until I have properly notified the City of Burlington to discontinue said service and that any utility deposit will be applied to the final bill and any remaining amount will be returned to me at a forwarding address that I will provide. Failure to pay the bill will result in submitting the above information to a credit agency for collection of utility bill.

I understand that utility service may be discontinued for any of the following reasons:

- Failure to pay utility bills by the due date printed on the disconnect notice
- Returned Checks
- Violation of City regulations
- Theft of service(s)
- Failure to discontinue or correct a known dangerous or unwarranted condition
- Failure to provide reasonable access to utility meters or deliberate obstruction of meters
- Deliberate, false, misleading or incomplete information on an application for service or data sheet
- Failure to pay any portion of the bill or deposit

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

Connect order placed by: _____

EL _____ WA _____

EL _____ WA _____

PAYMENT INFORMATION

ACCOUNT NUMBER _____

Receipt # _____ Amount Deposit Paid _____ Transfer Deposit from Account # _____

Bill Connect Fee: YES NO Payment on Deposit--Deposit Due Date: _____