

**HELPER CITY  
BUSINESS APPLICATION FOR UTILITIES SERVICE**

BUSINESS NAME \_\_\_\_\_ CONNECTION DATE \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ EMAIL \_\_\_\_\_

DRIVER'S LIC NO. & STATE (required) \_\_\_\_\_

FEDERAL TAX ID # (required) \_\_\_\_\_ (or) SOCIAL SECURITY # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_

LANDLORDS NAME \_\_\_\_\_

LANDLORD ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**Helper City** does not disclose nonpublic personal information about you to any companies that are not members of our government amenities, except as permitted by federal law. The confidentiality of your nonpublic personal information will continue to be maintained consistent with this privacy notice even if you decide to close your account, your account becomes inactive, or when you otherwise cease to do business with us.

I understand that utility service billings are due when rendered and become delinquent on the tenth of the month. Should it become delinquent in payment of any such billings, Helper City shall have the right to demand payment of billing or suspend my utility service. Reconnect fess will be charged following suspension of service.

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE.

SIGNATURE OF APPLICANT \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ BY \_\_\_\_\_

AMOUNT OF DEPOSIT \$ \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ CASH \_\_\_\_\_