

FITZGERALD UTILITIES  
Application for Services

Please circle the type of service you are requesting:      **Connect**      **Disconnect**      **Transfer**

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

**Spouse Social Security #** \_\_\_\_\_

.....  
**LOCATION OF SERVICE** \_\_\_\_\_

**EFFECTIVE DATE** \_\_\_\_\_

If transferring, address from which you are moving \_\_\_\_\_

Date to disconnect services \_\_\_\_\_

**Would you like your utility bill to be drafted from your bank account? Yes No**

**Is anyone in your residence on any type of life support? Yes No**

**Description of life support** \_\_\_\_\_

*\*Note: We must have a letter from your doctor to confirm life support.*

