



APPLICATION FOR UTILITY SERVICES

Name _____ Soc. Security Number _____ - ____ - _____

Employer _____ Bus. Telephone Number _____

Driver's License Number _____ Cell Phone # _____

Email Address _____ Applicant's Home Phone #: _____

Applicant's Previous Address _____

New Service Location _____ Beginning (date) _____

Address For Billing: _____ City, State, Zip: _____

Please Check: Own ___ Rent ___ Is This A: Residence _____ Business _____

Services For Which You're Applying: Water ___ Sewer _____ Trash Removal _____

Have you previously held an account with New Richmond Utilities? Yes ___ No ___

If "Yes," Address _____

I hereby apply for utility service(s) for the above address, and agree to abide by the rules of the New Richmond Utility Ordinance and the Utility Department Fee Schedule which are available for review upon my request. I further certify that, to the best of my knowledge, I have no outstanding balance owed on a previous Village of New Richmond Utility Account.

WARNING: Making false statements on application for utility service may be punishable by law.

Signature _____ Date _____

Office Use Only:

Account Number Assigned _____ Start Reading: _____

Effective Date _____ Deposit Amount \$ _____ Date of Deposit _____

Deposit #: _____ Clerk _____

FORM
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Regional Income Tax Agency Individual Registration Form

If you have any questions or are unable to complete this form please contact RITA's Registration Dept. at (440) 526-0900 or (800) 860-7482.

Names:

Primary Social Security # _____

Primary First Name Middle Initial Last Name

Spouse's Social Security# _____

Spouse's First Name Middle Initial Last Name

Current Address Information:

P O Box House # Street Name Apt #

City State Zip Code

RITA Municipality of Registration: _____

Effective Date of this Address: _____

Daytime Phone # _____ Evening Phone # _____

Prior Address Information:

City State

Effective date of this address: _____

Employment Information:

Are you employed? Y/N

Is your Spouse Employed? Y/N

Do you own rental property and/or own a business? Y/N

Does your Spouse own rental property and/or a business? Y/N

Are you retired and/or have no taxable income? Y/N

Is your spouse retired and/or have no taxable income? Y/N