



VILLAGE OF JOHNSON
WATER & LIGHT DEPARTMENT
PO Box 603, Johnson, VT 05656
Phone: (802) 635-2611 Fax: (802) 635-2393

APPLICATION FOR UTILITY SERVICE

Date Customer Desires Service: _____

Service Location: _____

Service Desired: Electric Water Sewer

Primary Use: Residential Non-residential

Are you: Owner Tenant

If tenant, the landlord's name: _____

Primary Applicant

Joint Applicant (If applicable)

Customer Name: _____

Joint Customer Name: _____

Mailing Address: _____

Mailing Address: _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Email: _____

Email: _____

Home #: _____ Cell #: _____

Home #: _____ Cell #: _____

Previous Address: _____

Previous Address: _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Drivers License #: _____ State: _____
 (Copy of Identification Required)

Drivers License #: _____ State: _____
 (Copy of Identification Required)

Employer: _____

Employer: _____

Phone #: _____

Phone #: _____

Employer Address: _____

Employer Address: _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Have you ever had service with the Village of Johnson Water & Light Department? Yes No
 If yes, where & when? _____

Does a special condition exist that if power were lost a medical emergency would arise? Yes No
 If yes, what is the condition? _____

I elect to go paperless and to receive my utility bill via email? Yes No
 If yes, please list email address: _____

I authorize information regarding this utility account to be disclosed to the following people and give the following people permission to set up payment plans on my behalf:

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU

Name _____ Relationship: _____ Phone #: _____

Mailing Address: _____ City _____ St _____ Zip _____

The undersigned hereby request that the Village of Johnson provide electric, water and/or sewer service to the property described above. I/We agree to abide by all rules, regulations and terms and conditions for the utilities for which I/We request service. I/We agree to pay in full and when due all charges for such service, and understand that failure to do so may result in disconnection of service. If service has been disconnected or if disconnection is pending, I/We agree to allow the Village of Johnson to contact the landlord to alert them of the pending disconnection. An unpaid water and/or sewer bill is a lien on real property and may lead to tax sale proceedings. If the Village finds it necessary to incur legal and/or other expenses to collect the obligation of the debtor, debtor shall be responsible for such expenses, irrespective of whether suit has been brought.

I/We agree to waive all rights and release the Village of Johnson from all liability and any future claims for potential damages that may result from the connection of service at the property.

Signature of Primary Applicant: _____ Date: _____

Signature of Joint Applicant: _____ Date: _____

(To be completed by the Village of Johnson)

CREDIT CHECK/ DEPOSIT INFORMATION

Letter of Credit accepted: yes no Name of Credit Reference: _____

Deposit Amount: \$ _____ cash check ck #: _____ made by: _____

Previous Customer: yes no Previous Act # _____

Deposit transferred yes no If yes, amount: _____

MOVE IN ORDER/ SERVICE INFORMATION

Location: _____ Previous Tenant: _____

Electric Act #: _____ Book/ Seq # _____/_____

Electric Meter #: _____ Read in: _____

Water/Sewer Act #: _____ Book/ Seq # _____/_____

Water/Sewer Meter #: _____ Read in: _____

Is this a commercial account that is charged sales tax? yes no