



Acct #: \_\_\_\_\_

Ferdinand Municipal Utilities  
2065 Main Street • P.O. Box 7  
Ferdinand, IN 47532-0007  
Phone: (812) 367-2280 • Fax: (812) 367-1303  
www.ferdinandindiana.org

**Application for Utilities**

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Service to Begin: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
and/or Drivers License Number: \_\_\_\_\_  
\_\_\_\_\_ Social Security Number: \_\_\_\_\_  
and/or Drivers License Number: \_\_\_\_\_

Ferdinand Address: \_\_\_\_\_

Mailing Address for Utility Bill (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ & \_\_\_\_\_ (For Emergency Reasons Only)

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Prior Utility Service Date (at Previous Address) From: \_\_\_\_\_ To: \_\_\_\_\_

Your Last Utility Company(s):

Electric Company: \_\_\_\_\_ City: \_\_\_\_\_  
Water Company: \_\_\_\_\_ City: \_\_\_\_\_  
Sewer Company: \_\_\_\_\_ City: \_\_\_\_\_  
Gas Company: \_\_\_\_\_ City: \_\_\_\_\_

*If utilities were in another name(s),  
please list name(s) and address:*  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

I request the Utility Service at the above location and will be responsible for all related charges. I agree to pay all collection cost and attorney fees incurred in the recovery of any past due balance(s). I hereby authorize the release of the information.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

**To Utility Provider**

The above named person(s) has requested utility service from this utility and has indicated that they were a prior or current customer of yours. We would appreciate the following information. Please circle the correct answer.

- |   |     |    |
|---|-----|----|
| 1.) Has the applicant been a customer of yours in the past two years?                     | yes | no |
| 2.) Does the applicant have any outstanding balances due you?                             | yes | no |
| 3.) Did the applicant, during the past two years, have more than two delinquent bills?    | yes | no |
| 4.) Within the past two years, has the applicant had service disconnected for nonpayment? | yes | no |

PLEASE MAIL OR FAX TO THE OFFICE ADDRESS ABOVE. THANK YOU.

Office Use Only	Meter Deposit Made: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Paid: _____ / _____ / _____	Rec #: _____
	Amount: \$ _____		