

P.O. BOX 550
200 W. DIXIE AVE
ELIZABETHTOWN, KY 42702-0550



PHONE: 270-982-3232
FAX: 270-734-1204
WWW.ELIZABETHTOWNKY.ORG

ELIZABETHTOWN UTILITIES

NATURAL GAS SERVICE APPLICATION

DATE SERVICE WANTED: _____ EMAIL ADDRESS: _____

NAME: _____ SSN: _____

STREET ADDRESS: _____ HOME PHONE: _____

CITY/STATE/ZIP: _____ CELL PHONE: _____

MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS: _____

DO YOU OWN OR RENT AT THIS ADDRESS? OWN RENT (LEASE/AUTHORIZATION OF LANDLORD REQUIRED)

IF RENTING, PLEASE LIST LANDLORD'S INFORMATION: NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

CONTACT INFORMATION FOR YOUR CURRENT EMPLOYER: NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

CONTACT INFORMATION FOR NEAREST RELATIVE NOT RESIDING WITH YOU: NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

LIST ANY OTHER PERSON YOU AUTHORIZE TO DISCUSS YOUR ACCOUNT: _____

CONTRACT FOR NEW SERVICE

I AUTHORIZE ELIZABETHTOWN UTILITIES TO TURN ON OR TRANSFER THE APPLIED FOR SERVICES AT THE ABOVE ADDRESS. I AGREE TO PAY ALL BILLS BY THE DUE DATE SPECIFIED ON THE BILL FOR SERVICES FURNISHED. I HEREBY AGREE TO CONTINUE TO BE RESPONSIBLE FOR THE SAME SERVICES UNTIL I NOTIFY ELIZABETHTOWN UTILITIES. I AGREE, IN ORDER TO FOR ELIZABETHTOWN UTILITIES TO SERVICE MY ACCOUNT OR TO COLLECT ANY AMOUNT I MAY OWE, THEY OR THEIR DESIGNATE MAY CONTACT ME BY TELEPHONE AT ANY TELEPHONE NUMBER ASSOCIATED WITH MY ACCOUNT, INCLUDING WIRELESS TELEPHONE NUMBERS, WHICH COULD RESULT IN CHARGES TO ME. ELIZABETHTOWN UTILITIES OR THEIR DESIGNATE MAY ALSO CONTACT ME BY SENDING TEXT MESSAGES OR E-MAILS, USING ANY E-MAIL ADDRESS I PROVIDE TO THEM. METHODS OF CONTACT MAY INCLUDE USING PRE-RECORDED OR ARTIFICIAL VOICE MESSAGES AND/OR THE USE OF AN AUTOMATIC DIALING DEVICE, AS APPLICABLE.

I/WE HAVE READ THIS DISCLOSURE AND AGREE THAT ELIZABETHTOWN UTILITIES OR THEIR DESIGNATE MAY CONTACT ME/US AS DESCRIBED ABOVE.

SIGNATURE: _____ DATE: _____

ELIZABETHTOWN UTILITY STAFF USE ONLY

LICENSE # _____	STATE: _____	SECURITY DEPOSIT AMOUNT: \$ _____
PERSONAL ID: _____	IF NOT REQUIRED, REASON: _____	
DOB: _____	EMPLOYEE INITIALS: _____	
NEW ACCT #: _____	SPRINGBROOK LOT #: _____	