

**CITY OF CANAL FULTON  
APPLICATION AND AGREEMENT FOR SERVICE**

**RESIDENTIAL**

Date you want service to begin: \_\_\_\_\_ Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_ Number in Family: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from Service Address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

S.S. # (His) \_\_\_\_\_ S.S. # (Hers) \_\_\_\_\_

D.L. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Spouse Work/Cell Phone: \_\_\_\_\_

Place of employment \_\_\_\_\_ Spouse employment \_\_\_\_\_

Will you own or rent at this new location? Own: \_\_\_\_\_ Rent: \_\_\_\_\_ (\$100 Security Deposit)

Name of Landlord (if renting): \_\_\_\_\_

Are you currently a City of Canal Fulton customer? Yes No

If yes, please give address you are transferring from:

\_\_\_\_\_

Account # \_\_\_\_\_

Do you want service terminated at the old address? \_\_\_\_\_ If yes, give date: \_\_\_\_\_

Is there any medical reason that service cannot be interrupted? \_\_\_\_\_

Explain: \_\_\_\_\_

*Written verification from a medical doctor is required before meter can be labeled as non-cutoff.*

I (we) hereby agree to pay all charges for services at the due dates, and to confirm to all rules and regulations of the City of Canal Fulton pertaining to water and/or sewer service.

Customer Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Beginning meter reading: \_\_\_\_\_