



## APPLICATION FOR UTILITY SERVICE – TOWNSHIP

119 E. Michigan Avenue, Clinton, MI 49236  
 Phone: (517) 456-7494 Fax: (517) 456-6350

Name:		
Address for Utilities:		
Are you the owner of the above address? Yes ( ) No ( )		Date of Possession:
Primary Phone:		Secondary Phone:
Email Address:		
Social Security #:		*Driver's License #:
Mailing Address if different than above:		
Would you like to go paperless and opt into e-Bills? Yes ( ) No ( )		
Previous Address:		Apt #:
City:	State:	Zip:
Employer:		
Employer's Location/City:		Employer's Phone:

Utility Deposit Amount: \$400.00
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**I do hereby apply for service from the Village of Clinton. In applying for utilities and upon acceptance of my application by the Village of Clinton, I/we agree to obtain all of my electric from the Village, abide by all rules, regulations, and rate adjustments approved by the Village.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return application to the Village office during office hours, Monday – Friday 8:00 AM – 12:00 PM, 1:00 PM - 4:00 PM, place in the Village's drop box, or e-mail to [info@villageofclinton.org](mailto:info@villageofclinton.org). **\*Please include a copy of your photo ID.**

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**For Village use only:**

Account #:	Deposit Information:
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