



## APPLICATION FOR UTILITY SERVICE

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

Name:		
Address for Utilities:		Apt #:
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 (if applicable):
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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, water, and sewer from the Village, abide by all rules, regulations, and rate adjustments approved by the Village. Please select the desired services for the following utilities. Note: all utilities are typically selected unless a landlord is claiming responsibility.**

**Electric:** \_\_\_\_\_     
 **Water:** \_\_\_\_\_     
 **Sewer:** \_\_\_\_\_

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.**

**For Village use only:**

Account #:	Deposit Information:
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