Town of Wakefield

Brian M. Laine, Mayor

Bonita Meyers, Clerk

Robyn L. Croft, Treasurer

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Telephone (757) 899-2361
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Council Members
O. E. Parker, III, President
Frances Chambers
Michael W. Kessinger
Dennis P. Mason
Darlene Whiting
Brian K. Wills

APPLICATION FOR UTILITY SERVICE

DATE: _____ TENANT ☐ OWNER ☐

APPLICANT'S NAME APPLICANT'S SOCIAL SECURITY NUMBER

CO-APPLICANT'S NAME (IF JOINT ACCOUNT) CO-APPLICANT'S SOCIAL SECURITY NUMBER

SERVICE ADDRESS CITY/TOWN STATE ZIP

MAILING ADDRESS (IF DIFFERENT) CITY/TOWN STATE ZIP

HOME PHONE NUMBER WORK PHONE NUMBER

EMPLOYER'S NAME EMPLOYER'S ADDRESS

PROPERTY OWNER (IF DIFFERENT) PROPERTY OWNER'S MAILING ADDRESS (IF DIFFERENT)

SERVICE REQUESTED

ELECTRIC _____ WATER _____

The Town of Wakefield uses a telephone **Emergency Notification System** to notify customers of power outages, water outages, emergency messages for weather, changes in dates for trash pick-up and other information. I hereby authorize the town to include my telephone number listed above on the Emergency Notification System call list. YES _____ NO _____

CUSTOMER'S LIABILITY FOR CHARGES

A customer who has made application for or received service to any premises shall be liable for all service furnished to such premises until such time as service shall have been transferred to another account.

I (WE) CERTIFY THAT THE INFORMATION PROVIDED IN THIS DOCUMENT IS TRUE.

APPLICANT'S SIGNATURE **CO-APPLICANT'S SIGNATURE**

REQUIRED FOR SERVICE

1. **PHOTO IDENTIFICATION**
2. **PROOF OF SOCIAL SECURITY NUMBER**
3. **METER DEPOSIT WHICH WILL BE APPLIED TO FINAL BILL AT TIME OF DISCONNECT.**