

**TOWN OF GARFIELD  
UTILITY ACCOUNT APPLICATION**

**ACCOUNT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Owner: Yes  No

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Owner: \_\_\_\_\_

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

Email #1: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**OPEN ACCOUNT:**

Requested Start Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Date Deposit Received: \_\_\_\_\_

**CLOSE ACCOUNT:**

Requested Close Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Final Bill Address: \_\_\_\_\_