



Billing Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Service Address Information: (if different from above)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Do you rent or own the above referenced property? Rent Own

Is the above referenced property residential or commercial? Residential Commercial

Customer Signature: _____ Date: _____

Office Use Only		
Account #:	Meter Size:	Initial Reading:
_____	_____	_____
Meter Set Date:	Meter Serial #:	ERT ID:
_____	_____	_____
Set By:	_____	