

City of Ashland  
Finance Department  
P.O. Box 1839  
Ashland, KY 41105-1839  
(606) 327-2018, 327-2028

### Utility Service Application

Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Service Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Are you interested in using our automatic bank draft service? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever had water service with the City of Ashland in your name? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? \_\_\_\_\_ At what Address? \_\_\_\_\_  
Would you like to name an authorized contact on your account? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Relationship \_\_\_\_\_

### Authorization Agreement

I authorize service to be established in my name.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR INTERNAL USE ONLY

Customer ID: \_\_\_\_\_

Date service requested: \_\_\_\_\_

Location ID: \_\_\_\_\_

Meter Number: \_\_\_\_\_

Route Sequence: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Deposit \_\_\_\_\_

Turn Fee \_\_\_\_\_

Other \_\_\_\_\_

Total Cost \_\_\_\_\_

\_\_\_\_\_  
Received / Entered By

\_\_\_\_\_  
Date