



Copy of
Driver's License

OFFICE USE:
INITIALS _____
ACCOUNT # _____
SECURITY DEPOSIT _____
SERVICE CHARGE _____
WATER _____
SEWER _____
ELECTRIC _____

RESIDENTIAL SERVICE

****MUST HAVE 1 BUSINESS DAY****

Service Address: _____ Start Service ___/___/___

Apt or Unit # _____ Salem VA 24153

Account Holder Information (One Person on Lease or Deed): **(Check one)** Leasing ___ Purchasing ___

Account Holder Name: _____

Social Security Number: ___/___/___ Birthdate (MM/DD/YYYY): ___/___/___

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Email Address: _____

Employer: _____ Employer Phone: (____) _____

Emergency Contact Name: _____ Phone Number: (____) _____

Property Owner (If Leasing Property)

Name _____ Phone Number (____) _____

Previous Address

Are You Moving from an Address in Salem? Yes ___ No ___ **If Yes, List the Address:** _____

Account Number _____ Salem, VA 24153

Do You Want to Schedule a Date to Disconnect? Yes & Date _____ No ___ Will Call Later to Disconnect ___

I Give Permission to the Following Person(s) to discuss my account:

Name: _____ Relation: _____ Phone (____) _____

Name: _____ Relation: _____ Phone (____) _____

Mailing Address if Different from Service: _____

State _____ Zip Code _____

Signature

_____ Date _____