

# Residential Service Request



## Landlord Information

Service Address	Move in Date
Complex Name	Landlord/Manager Name
Telephone Number ( )	Fax Number ( )

## Third Party Notification

I authorize Colorado Springs Utilities to send a duplicate notice of discontinuance to the name below. Yes / No	
Customer Signature	Third Party Signature

## Primary Applicant Information

Legal Last Name	First	M.I.
Social Security Number	Billing Address	
Home Phone ( )	Other Phone ( )	
Employer Name		
Employer Address	Employer Phone ( )	
Dog at Residence? Yes / No (circle one)	Dog's Demeanor (describe)	

## Co-Applicant Information (required for adults 18 or older residing at the property)

Legal Last Name	First	M.I.
Social Security Number	Billing Address	
Employer Name		
Employer Address	Employer Phone ( )	

## Emergency Contact (residing in the United States, over the age of 18)

Name	Relationship
Home Phone ( )	Address

## Current Service

If you are responsible for utility service at another address and wish to have service stopped, please complete. If Colorado Springs Utilities does not receive your request the service will continue to bill in your name.	
Previous Address	Final Read Date Requested

**Instructions:** Please complete this application in full and fax to Colorado Springs Utilities at (719) 668-7288. If you do not provide your Social Security Number, other forms of identification will be required in person at 111 S. Cascade Ave. Colorado Springs Utilities will fax this form back to Landlord to notify the applicant of results. Please refer to the chart below for application status. Denied applications have 3 business days to complete application requirements. If requirements are not fulfilled and services are disconnected, a reconnection fee will be assessed to the account. No further notice will be given to the applicant. Applications are processed by next business day. You may also apply for utility service by calling our customer service department during normal business hours at 448-4800. It is tenant's responsibility to call Customer Service to disconnect service when moving from this location.

I hereby certify that I have read the information on this form and understand its contents, and that the statements I have made are accurate to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office use only

Application Status	Date
Accepted / Denied	
Call Service Center	
Come to Office with ID	
Complete by	

Fax (719) 668-7288 Phone (719) 448-4800  
 Customer Service: Mon. - Fri. 7 a.m. to 7 p.m.  
 Address: 111 S. Cascade Ave. Mon. - Fri. 7 a.m. to 5 p.m.