



City of Harrah

Beginning Service Date \_\_\_\_\_

Account # \_\_\_\_\_

Application for Utility Service

Service Address \_\_\_\_\_

Mailing Address (if different from above service address) \_\_\_\_\_

Occupant is the: Owner  Renter  Landlord Name: \_\_\_\_\_

Occupant info

Legal Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Email: \_\_\_\_\_ Cell/Home # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Co-Occupant info

Legal Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Email: \_\_\_\_\_ Cell/Home # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact Someone not living with you

Emergency Contact Name: \_\_\_\_\_ Relationship to Primary \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Payment Options

Auto Draft Yes  (voided check required) No

By selecting yes, I authorize the City of Harrah to begin monthly recurring bank drafts from my checking account for payment of my utility bills, I understand the City of Harrah reserves the right to end my participation in the Automatic Bank Draft program at any time.

E-Pay [www.cityofharrah.com](http://www.cityofharrah.com) Signup to view and pay your statement from anywhere with internet access.

Lobby & Drive Thru Open Monday – Thursday 8am to 5:30pm and Friday 8am-11:30am excluding holidays.

Drop Box Available 7 days a week 24 hours a day.

A copy of the photo ID is required for Occupant and Co Occupant.

The Occupant and Co Occupant of this account agree to pay adapted rates set forth by the City Council for the City of Harrah/ Harrah Public Works Authority and follow regulations governing said services. This application becomes a financial contract upon the establishment of utility service. It is agreed that if the undersigned permanently leave this address, they are responsible for any and all balances incurred while living at said premises. The Undersigned agrees to all regulations governing said services

Occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co Occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Polycart x \_\_\_\_\_ / Dumpster x \_\_\_\_\_ Size \_\_\_\_\_ # of Pickups Weekly \_\_\_\_\_ Trash W/O \_\_\_\_\_

Meter # \_\_\_\_\_ RNI Read \_\_\_\_\_ Water W/O \_\_\_\_\_

Deposit Paid By: CASH CHECK CCD ONLINE

Entered By: \_\_\_\_\_

Email completed form and picture ID to: [utilityclerk@cityofharrah.com](mailto:utilityclerk@cityofharrah.com)