



City of Dover

New Customers Utilities Application:

Residential: _____

Commercial: _____

Name (First, Last): _____

Mailing Address: _____

Service Address: _____

Phone: _____

Driver's license number/State: _____

Social security number: _____

Date of birth: _____

Place of Employment: _____

Employment Phone Number: _____

Emergency Contact Information- Someone not living with you:

First Name: _____ Last Name: _____

Phone Number: _____

Signature: _____

Date of Application: _____

All applications can be Faxed or Emailed to City of Dover:

Fax 302-736-7193, ebilling@dover.de.us

