



## 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: \_\_\_\_\_

\*When signing up on-line the full deposit will be billed in one installment\*

\*Please include a copy of photo id\*

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

Fax 302-736-7193, [ebilling@dover.de.us](mailto:ebilling@dover.de.us)

