

**NORTHFIELD UTILITIES DEPARTMENT**  
**SERVICE APPLICATION FOR RESIDENTIAL CUSTOMERS**

This is your application to Northfield Electric, Water and Sewer Departments for utility service to the address given in (3) below. As a customer of Northfield Utilities, you agree to pay for the service supplied at the rates assigned to your rate classification. Please read all questions carefully, answer them accurately to the best of your knowledge, and sign the application below. If you wish to examine the rate schedule, please ask the customer service representative who is assisting you.

**NEW ACCOUNT INFORMATION**

- (1) Effective date \_\_\_\_\_.
- (2) Name of applicant: \_\_\_\_\_.  
(Please print name)  
SS #: XXX / XX / Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ D.O.B.: \_\_\_\_\_.  
(LAST 4 DIGITS ONLY)  
E-Mail: \_\_\_\_\_.
- (3) Name of Co-applicant: \_\_\_\_\_.  
(Please print name)  
SS #: XXX / XX / Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ D.O.B.: \_\_\_\_\_.  
(LAST 4 DIGITS ONLY)  
E-Mail: \_\_\_\_\_.
- (4) Service Address: \_\_\_\_\_  
Town: \_\_\_\_\_, Vermont 0566\_\_.
- (5) Mailing Address for billing purposes (if different):  
\_\_\_\_\_.
- (6) Race/Ethnicity: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
(primary account holder)
- (7) Do you own or rent the premises requiring service? Own \_\_\_\_\_ Rent \_\_\_\_\_.
- (8) Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_.
- (9) If you rent the premises, please provide the name of the property owner/rental agent:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_.

(10) Have you had an account with Northfield Utilities Department within the last twelve months?  
Yes \_\_\_ No \_\_\_ If yes, please provide service address:

\_\_\_\_\_.

(11) If a deposit is required, please indicate below how you would like it at time of refund:  
Apply deposit to Electric, Water & Sewer account \_\_\_\_\_ Receive a check \_\_\_\_\_.  
(You must comply with The Public Service Board Rule number 3.205)

(12) Does a special condition exist that, if power were lost, a medical emergency would arise?  
Yes \_\_\_ No \_\_\_

If yes, what is the condition?

\_\_\_\_\_.

(13) I authorize information regarding this utility account to be disclosed to the following people:

\_\_\_\_\_.

The undersigned hereby requests that the Village of Northfield provide Electric, Water and Sewer service to the property described above. I/We agree to pay in full when all charges for such services are due. Failure to keep water/sewer bills current may result in the Village of Northfield exercising its rights pursuant to 32 V.S.A. § 5061 and 24 V.S.A. § 3504(a) and 3306, including placing a lien on said real estate and the foreclosure and sale of that real estate. If the Village finds it necessary to incur legal and/or other expenses to collect the obligation of the debtor, debtor shall be responsible for such expenses, irrespective of whether suit has been brought.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_.

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_.

(If minor, adult must sign and accept responsibility)

\*\*This institution is an equal opportunity provider. \*\*

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OFFICE USE ONLY

Deposit Collected Electric: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_.

No Deposit Required: Credit Reference or Prior Customer (circle one)

Deposit Collected Water: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_.

Application taken by \_\_\_\_\_ Date: \_\_\_\_\_.