



City of Crete
Departments of Public Works
Utility Service Application

*** REQUIRED**

DATE / Fecha : _____

*** NAME / Nombre :** 1. _____

SPOUSE / Espos/a: 2. _____

*** SERVICE ADDRESS /**
Domicilio : _____

*** MAILING ADDRESS /**
Dirección Postal : _____
(if different)

*** PHONE # / # de Telefono :** 1. _____
2. _____

D.O.B. / Fecha de Nacimiento: 1. _____
2. _____

*** SS#/TAX ID NUMBER /** 1. _____
Número de Seguro Social : 2. _____

(Valid U.S. Issued Photo ID Required)

EMPLOYMENT / 1. _____
Lugar de Empleo : 2. _____

*** EMAIL ADDRESS /** 1. _____
Correo Electrónico : 2. _____

*** SECONDARY NAME /**
Persona Secundaria : _____
(Allows this person to call and get information on account)

*** RENT / Renta**

OWN / Dueño

*** SIGNATURE OF APPLICANT / Firma del Solicitante**

For Office Use Only:

Deposit collected:

Payment Type: Cash, Check # _____, Credit Card

Service Date: