

**CITY OF GREENFIELD
UTILITY SERVICE AGREEMENT**

Name(s) on Account: _____

Address: _____

**Mailing Address,
if Different Than Above:** _____

Phone Number: _____

E-mail address: _____

**Social Security Number
or Federal ID:** _____

**Employer Name, Address
& Phone Number:** _____

**Name, Address & Phone
Number of Person to
Contact in Case of
Emergency:** _____

**If Renting, Landlord or
Apartment Complex:** _____

Address of Landlord: _____

Type of Service Desired: Electric _____ Water _____ Sewer _____
Storm Water _____ Sec. Light _____ Yard Sprinkler _____

Service Start Date: _____

The Greenfield Utilities has provided me with a copy of the Collection Policies pertaining to my requested Utility service. I have read, understand and agree to adhere to such policies.

Customer Signature Date