



BOROUGH OF HATFIELD
 401 S. MAIN STREET
 PO BOX 190
 HATFIELD, PA 19440
 215-855-0781



APPLICATION FOR ELECTRIC SERVICE

APPLICATION DATE: _____

APPLICANT NAME: _____

SOCIAL SECURITY NO.: _____

(USED FOR EARNED INCOME TAX PURPOSES)

PROPERTY ADDRESS & APT NUMBER MOVING INTO: _____

MAILING ADDRESS IF DIFFERENT THAN PROPERTY ADDRESS: _____

PHONE NUMBER WHERE YOU CAN BE REACHED: _____

PLACE OF EMPLOYMENT: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S MAILING ADDRESS: _____

PROPERTY OWNER'S PHONE NUMBER: _____

SECURITY DEPOSIT PAID \$ _____ DATE PAID: _____

SERVICE TURN ON DATE: _____

ALTERNATE I.D.: _____ TRANSFER ACCOUNT NO.: _____

METER NUMBER: _____ BOOK: _____ PAGE: _____

NUMBER DIALS: _____ GUN RDG TYPE: RADIO

NEW ACCT # _____