

Borough of Smethport  
201 West Main Street  
Smethport, PA 16749  
(814) 887-5815  
[smethportborough@gmail.com](mailto:smethportborough@gmail.com)

### APPLICATION FOR UTILITY SERVICES

Date service requested \_\_\_\_\_

The undersigned hereby applies to Smethport Borough for utility services to the premises described below. Services supplied under this application will be taken and paid for by the undersigned in accordance with the rules and regulations of Smethport Borough.

1. Applicant's name (Last, first, initial) \_\_\_\_\_ Home telephone \_\_\_\_\_  
Social Security No. \_\_\_\_\_
2. Joint applicant's name (Last, first, initial) \_\_\_\_\_ Home telephone \_\_\_\_\_  
Social Security No. \_\_\_\_\_
3. Service address \_\_\_\_\_
4. Mailing address \_\_\_\_\_
5. Have you been a customer of Smethport Borough in the past? \_\_\_\_\_  
If yes, please provide address & year \_\_\_\_\_
6. Are you renting the property for which you are applying for service? \_\_\_\_\_  
If yes, landlord's name & telephone number \_\_\_\_\_
7. Applicant's employer \_\_\_\_\_ Years there \_\_\_\_\_  
Employer's address \_\_\_\_\_ Telephone \_\_\_\_\_
8. Joint applicant's employer \_\_\_\_\_ Years there \_\_\_\_\_  
Employers's address \_\_\_\_\_ Telephone \_\_\_\_\_
9. Number of occupants in your home \_\_\_\_\_  
Are any of the occupants senior citizens \_\_\_\_\_  
Are any of the occupants using life sustaining equipment \_\_\_\_\_

I/we hereby certify that the information provided above is true and correct and I/we understand Smethport Borough may verify such information.

Applicant signature & date \_\_\_\_\_

Joint applicant signature & date \_\_\_\_\_