City of Hubbard Utilities Application for Service Photo Copy of License Required

Date of Applicat	ion:			
Name of Prima	ry Applicant:	Soc. Sec. Number:		
•	,			
Primary Phone #	#:			
Employer:		Work Phone:		
Name of Secon (Spouse or other responsib	dary Applicant:	Soc. Sec. Number:		
Employer:		Secondary Applicant Phon	e #:	_
Is the service ac	ddress:			
□ Owned				
□Rented? If rei	nted, enter landlord's name			
TENANT	S: Landlords will be	notified of all disconnect notice	es.	
Have you or any	other occupant at this addre	ss ever had an account with the utility?		
If YES, I	please enter the address			
If NO, p	lease initial:			
Type of Service	e:			
☐ Residential				
☐ Other				
Utility. I agree t	to pay all bills rendered by t	remises listed above beginning the Utility until I give notice to the Utility to ponsible for any collection costs with rec	to discontinue services. If acc	
(Signature of Primary Appli	icant)	(Signature of Secondary Applicant)		
(Signature of Other Responsible Adult)		(Signature of Other Responsible Adult)		
	Date Rec'd & Initials:		Account #: Date Paid:	
within city		5.18 restricts the number of animethree (3) a household. Chapter (5)		
licensed. Number of dogs	:			

Separate application is required for dogs.