## Owner Application for Service

Date:		river's License No.:		
Service Address:				
Mailing Address (if different):				
Home Phone:	Cell Phone:		Business Phone:	
Email Address: 1.		2.	100	
oy all rules and regulations of s Department to read and mainta			gree to grand free and easy access to s Municipal Light Department.	aid
request power turned on (date):		Account Number:		
				P
Signature(s)				