



TOWN OF BERLIN UTILITIES

Application for New Residential Services

Services: ☐ Electric ☐ Water or Wastewater
☐ Tenant ☐ Owner

Date to Begin Service: _____

First Name: _____

Last Name: _____

Social Security Number: _____

Email Address for E-BILLING: _____

Service Address:

House Number / Street: _____

City: _____

Zip Code: _____

Phone Number: _____

Mailing Address:

Please check if the address is the same as above. ☐

House Number / Street: _____

City: _____

Zip Code: _____

Note: A deposit or credit letter may be required in some situations to initiate service.

Have you ever previously received utility service from the Town of Berlin? YES NO

If Yes: Address: _____

Name on account: _____

Customer Signature _____ Date _____

Town Representative _____ Date _____