

Municipal Services Commission of the City of New Castle, Delaware

Subject to the Rules and Regulations of the Municipal Services Commission

Residential Application for Service

Since electricity is billed after use, deposits may be required to complete the application for service and before service is turned on. There is a \$10.00 fee to cover the cost of a credit report and will be charged to your first bill. Deposits are based on the applicants credit score and will be held for a minimum of 24 months and will be applied to the account if satisfactory credit has been established. *Please allow three business days to process the application.*

Service Requested

Electric _____ Water _____

Date Service Requested _____

Customer Information

Name: _____

Home Phone #: _____

Work Phone #: _____

Employer Name: _____

E-mail Address: _____

Medical Condition

Does a member of the household have a medical condition which requires emergency restoration if electric or water service is interrupted? Yes _____ No _____

Condition: _____

Spouse or Co-Applicant Information (if applicable)

Name: _____

Work Phone #: _____

Employer Name: _____

New Service Address

New Address: _____

Are you renting or buying?

Renting _____ (MUST SHOW LEASE) Owning _____

If renting, who is your landlord? _____

Landlord's Address: _____

Landlord's Phone #: _____

Billing Address

Would you like your monthly bill mailed to the New Service Address?

Yes _____ No _____

Billing Address: _____

Emergency Notifications

Would you like to receive emergency phone notifications by phone call or text message (rates may apply)?

Phone Call #: _____

Cell phone for Text Messages #: _____

MUST PROVIDE VALID ID (DRIVER'S LICENSE, NON-DRIVER'S LICENSE ID, MILITARY ID)

Additional Comments _____

The Undersigned agree(s) to be [jointly and severally] financially responsible for any and all charges and costs associated with the electric and water service provided by the MSC. For full details of MSC Rules and Regulations, please view the Tariff on our website at newcastlemsc.delaware.gov/tariff/

Signature: _____

Spouse or Co-applicants Signature: _____

FOR OFFICE USE ONLY

Date Received: _____ **Received by:** _____

Credit Score: _____

Deposit: _____

Account #: _____