

# Residential Service Request



**Instructions:** Please complete this application in its entirety and fax to 719-668-7288. Your Social Security Number (SSN) will be used for identification purposes. Faxed applications for utility service are typically processed within five (5) business days from the day of receipt. Colorado Springs Utilities will fax this back to the Property Manager/Landlord to notify the applicant of results. Denied applications will have three (3) business days to complete application requirements. You may also apply for service by calling our customer service at 719-448-4800. If you do not wish to provide your SSN, we will take your application at our office location at 111 S. Cascade Ave. It is the tenant's responsibility to notify customer service to disconnect service when moving from this location.

## Property Information

Service Address	Requested Service Start Date
Name of Apartment Complex	Name of Landlord/ Property Manager
Phone Number (      )	Fax Number (      )

## Third Party Notification

I authorize Colorado Springs Utilities to send a duplicate Notice of Discontinuance to the Landlord/Property Mgr.	
Customer Signature	Third Party Signature

## Main Customer Information

*Legal Last Name	*First Name	M.I.
*Social Security Number _ _ _ - _ _ - _ _ _ _ _	*Date of Birth	
*Phone Number (      )	*Previous Address	
*Mailing Address	*Employer Name	
Employer Address	Employer Phone Number (      )	

\*Denotes a required field.

## Secondary Customer Information (required for adults 18 or older residing at the property)

Legal Last Name	First Name	M.I.
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## Emergency Contact (residing in the United States, over the age of 18)

Name	Phone Number (      )
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## Current Service

If you are responsible for utility service at another address and wish to have service stopped, please provide the address and requested final read date. If we do not receive your stop service request, service will continue to bill in your name.	
Address:	Final Read Date:

I hereby certify that I have read the information on this form and understand its contents, and that the statements I have made are accurate to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax (719) 668-7288      Phone (719) 448-4800  
Customer Service: Mon. - Fri. 7 a.m. to 7 p.m.  
Address: 111 S. Cascade Ave. Mon. - Fri. 8 a.m. to 5 p.m.