

City of Ashland
Finance Department
P.O. Box 1839
Ashland, KY 41105-1839
(606) 327-2018, 327-2028

Utility Service Application

Name: _____

Drivers License #: _____

Phone Number: _____

Date of Birth: _____

Service Address: _____

Mailing Address: _____

Name of Employer: _____

Phone Number: _____

Are you interested in using our automatic bank draft service? Yes _____ No _____

Have you ever had water service with the City of Ashland in your name? Yes _____ No _____

If yes, when? _____ At what Address? _____

Would you like to name an authorized contact on your account? Yes _____ No _____

If yes, who? _____ Relationship _____

Authorization Agreement

I authorize service to be established in my name.

Signature

Date

FOR INTERNAL USE ONLY

Customer ID: _____

Date service requested: _____

Location ID: _____

Date service disconnected: _____

Meter Number: _____

Route Sequence: _____

Deposit _____

Turn Fee _____

Notes: _____

Other _____

Total Cost _____

Received / Entered By

Date