



Municipal Services Commission of the City of New Castle, Delaware

Subject to the Rules and Regulations of the Municipal Services Commission

**RESIDENTIAL CO-APPLICATION FOR SERVICE**

Allow three business days to process the application.

**CO-APPLICANT**

A \$5.00 application fee will be applied and a credit check will be conducted.

**NOTE: Any outstanding utility bills that are still owed to us from a former account MUST be paid in full and that account closed before a new one can be opened.**

1. Have you ever had an account with us in the past?  Yes  No (If yes, please complete the following):

Name the account was under: \_\_\_\_\_  
Last First MI Jr., Sr., III, etc.

2. Has your name changed since your last account with us?  Yes  No  
If yes, what was the name used on that account: \_\_\_\_\_

**Current Information**

Name: \_\_\_\_\_ Date of Birth: M \_\_\_ D \_\_\_ Y \_\_\_  
Last First MI Jr., Sr., III, etc.

Current Address (where you are presently residing): \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ other) \_\_\_\_\_

Note: At least one number must be a working number where we can reach you.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Spouse or Co-Applicant:**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Your E-Mail address: \_\_\_\_\_