

## RESIDENTIAL SERVICE AUTHORIZATION with Guarantor

***PLEASE TYPE OR PRINT***						
Previous Customer of Record (if known):						
Service Address:			Date	_ Date Service is Required:		
				e utility company rate schedules and agrees to abide by the utility company ailable for review at any company customer business office. Applicant(s)		
Please contact your local customer business office at least three (3) w will be responsible for all charges that may incur.	vorking days ir	n advance to	stop your se	service(s), otherwise the monthly billing will continue in your name and you		
If this address has Outside Lighting Service, do you want it on?	Yes		No			
Is anyone in the household elderly or disabled?	Yes		No			
Do you have a dog on the premises?	Yes		No			
APPLICANT AG				HE METER(S) AT ALL TIMES		
	•		. ,			
				nse #:		
Home Phone #:Date	of Birth: _			E-mail Address:		
Mailing Address:						
City:			State	te: Zip Code:		
Employer:	Work Phone #:					
Co-Applicant Name ( <i>if applicable</i> ):						
Social Security # Driver's License #:						
Customer(s) is ( <i>check one</i> ):	wner 🗌 Tenant					
Guarantor and Guaranteed Deposit \$						
Guarantor Name:				Phone #:		
Social Security #:	Driver's License #:					
Guarantors Liberty Utilities Account Number:						
Guarantor Signature:						
FOR LIBERTY UTILITIES USE ONLY						
Date Order Entered:			Emp. I	. Initials/ID #:		
South Lake Tahoe Fax #		ne #: 800 .4811		506 I Lake Tahoe Fax #:530.581.0341		