



City of Crete  
Departments of Public Works  
Utility Service Application

\*For account information only

DATE: \_\_\_\_\_

NAME/NOMBRE: 1. \_\_\_\_\_

SPOUSE/ESPOSO: 2. \_\_\_\_\_

SERVICE ADDRESS/  
DOMICILLIO: \_\_\_\_\_

MAILING ADDRESS  
(if different): \_\_\_\_\_

PHONE/TELFONO: 1. \_\_\_\_\_  
2. \_\_\_\_\_

DOB/FECHE DE 1. \_\_\_\_\_  
NACIMIENTO: 2. \_\_\_\_\_

SS#TAX ID NUMBER: 1. \_\_\_\_\_  
(valid photo ID required) 2. \_\_\_\_\_

PLACE OF 1. \_\_\_\_\_  
EMPLOYMENT: 2. \_\_\_\_\_

EMAIL ADDRESS: 1. \_\_\_\_\_  
2. \_\_\_\_\_

SECONDARY NAME: \_\_\_\_\_  
(Allows this person to call and get information on account)

Check if you would prefer to receive billing information by email

SIGNATURE OF APPLICANT/FIRMA

Deposit collected:

Payment Type: Cash, Check # \_\_\_\_\_, Credit Card

Service Date: