Utility Application

Residential

Town of Middletown
19 West Green Street
Middletown, DE 19709
(302) 378-2711
www.middletownde.org

Name: _____ DOB: _____
Last First Middle

Address: _____

Phone home and/or cell #: _____

Driver's License # and State: _____

Employer/Phone: _____

Names of Occupants: _____

_____

Landlord's Name and #: _____

Landlord's Mailing Address: _____

_____

***Please initial each box after reading:**

- ❑ I understand that bills are mailed out the 15th of every month and are due by the last business day of that month.
- ❑ I understand that when my bill reaches 7 days past due I will be charged a $5.00 late fee.
- ❑ I understand that postmarks on payments will not be accepted.
- ❑ I understand that my service will be disconnected without further notice unless payment is received.
- ❑ I understand that if my electric service is disconnected due to nonpayment, I will be charged a $35 reconnection fee.
- ❑ I understand that all checks returned to the Mayor and Council of Middletown will be assessed a $50 returned check fee and customers who do not make payment in full will be subject to disconnection in 5 days. Returned checks including fee must be paid with cash or money order.
- ❑ I understand that two returned checks within one year, will result in my account becoming a cash only account. Payments in the form of cash, money order, or debit will be accepted for one year.
- ❑ I understand that if a check is returned that was used to pay for reconnection, electric service will be disconnected without notice.
- ❑ I give permission to the Town of Middletown to take the actions needed to locate me if I leave a bill unpaid.

_____ _____
Signature Date

By signing above, I agree to make payment for all services rendered by the Mayor and Council of Middletown and understand the policies stated above.

Office Use Only: *Received by:* **Photo Id Checked** ❑