

City of
 WALTHAM

1123 W. Lincoln Street - P.O. Box 247 - Waltham, MA 02476

Phone: 508-284-6571 Fax: 508-284-6984

UTILITY SERVICES APPLICATION

Date _____

Name: _____

Renter _____ or Property Owner _____

Street Address: _____

Name of landlord, if renter

Mailing Address: _____

Phone Number: _____

Date of occupancy _____

A \$70.00 utility deposit shall be received from all customers. Property owners will be eligible for a refund of deposit after a 12-month period of non-delinquency. If customer is delinquent after their deposit is refunded, the Clerk shall require another deposit. Deposits will be credited on final bills and any remaining balance will be sent to the deposit owner.

I verify that all statements made on this application are true and accurate.

Signature

******When leaving the residence, the City needs to be notified immediately. You must complete a final utility billing information form.**

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OFFICE USE ONLY

ACCOUNT # _____

Type of Picture ID _____

DEPOSIT PAID: DATE _____

City Staff Initials _____

Previous owner _____

Deposit Card _____

Reading _____