CITY OF SWIFT CURRENT
where life makes sense

UTILITY SERVICES REQUEST FORM

PERSONAL INFORMATION				
NAME:				
MAILING ADDRESS: (IF DIFFERENT FROM CONNECT ADDRESS)				
PHONE NUMBER	HOME:		CELL:	EMAIL:
DATE OF BIRTH	YEAR:	MONTH:	DAY:	DRIVER'S LICENSE NO: OR HEALTH CARD NO:

SERVICE REQUEST (PLEASE CHECK ONE)							
☐	SERVICE CONNECT	☐	SERVICE DISCONNECT	☐	SERVICE TRANSFER	☐	OTHER(SPECIFY BELOW)

CONNECT / TRANSFER TO ADDRESS		DATE OF CONNECTION:
DISCONNECT / TRANSFER FROM ADDRESS		DATE OF DISCONNECTION:

Please note: We do not backdate connects or disconnects and do not do same day or weekend service so please date accordingly.
If connecting/disconnecting a business please attach a copy of a business card for the contact person
Utilities can be provided at two addresses for up to 5 business days without an additional deposit being required.

FORWARDING ADDRESS FOR DISCONNECTING ACCOUNTS
FORWARDING ADDRESS:
PHONE NUMBER:

COPY OF IDENTIFICATION (DRIVER'S LICENSE or HEALTH CARD or BUSINESS CARD)
PHOTOCOPY OF IDENTIFICATION

AS A CONSUMER OF CITY OF SWIFT CURRENT UTILITY SERVICES, I UNDERSTAND:

1. METER READERS AND LINESMEN MUST BE PERMITTED ENTRY ONTO MY/OUR PROPERTY TO READ METERS AND/OR PERFORM OTHER DUTIES RELATED TO UTILITY SERVICES.

2. IF MY/OUR UTILITY ACCOUNT IS OUTSTANDING AFTER TWO MONTHS OF BILLING, SERVICE MAY BE TERMINATED AT ANY TIME, IN ACCORDANCE WITH THE NOTICE ON MY/OUR UTILITY BILL.

SIGNATURE:	DATE:

FOR FURTHER INFORMATION PLEASE CONTACT OUR
CUSTOMER SERVICE DEPARTMENT AT (306)778-2731 / FAX (306) 778-2194