Print Form

TOWN OF ELKTON

APPLICATION FOR SERVICES

Check All Services Required	*Check All Services Required*
☐ Electric ☐ Water	☐ Own
☐ Sewer ☐ Garbage	☐ Renting (list landlord) _____

RESIDENTIAL APPLICATION

Name _____ Soc ial Security # _____

Street Address _____ Telephone # _____

Bill to Address _____

Date Requesting Service _____ Signature _____ Date _____

Name as listed on real estate/personal property taxes_____

BUSINESS APPLICATION

Name _____ Social/Fed I.D. # _____

Trade Name__ _____

Street Address _____ Telephone # _____

Bill to Address _____

Date Requesting Service _____ Signature _____ Date _____

Name as listed on real estate/personal property taxes_____

OFFICE USE ONLY - - Account Number_____