



SOUTH NORWALK ELECTRIC AND WATER  
 1 STATE STREET P.O. BOX 400  
 SOUTH NORWALK, CT 06856-0400  
 Phone (203) 866-3366 or Fax (203) 899-7491

A MUNICIPAL ELECTRIC UTILITY PLANT SINCE 1892

**DEPOSIT APPLICATION FOR LANDLORDS, MANAGEMENT AGENTS AND OTHER  
 BUSINESSES INVOLVED WITH MANAGEMENT OF RESIDENTIAL ACCOUNTS**

**Date of Application:**

Name of Landlord, Management Agent or Business	Print Name								
Billing Address For All Covered Premise's)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">STREET NUMBER</td> <td style="width: 35%; text-align: center;">STREET</td> <td style="width: 10%; text-align: center;">TOWN</td> <td style="width: 10%; text-align: center;">STATE</td> <td style="width: 20%; text-align: center;">ZIP CODE</td> </tr> </table>	STREET NUMBER	STREET	TOWN	STATE	ZIP CODE			
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Billing Contact Person Information	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">TITLE</td> <td style="width: 30%; text-align: center;">NAME</td> <td style="width: 20%; text-align: center;">PHONE NUMBER</td> <td style="width: 20%; text-align: center;">EXT.</td> </tr> <tr> <td style="text-align: center;">FAX NUMBER</td> <td style="text-align: center;">E-MAIL</td> <td colspan="2"></td> </tr> </table>	TITLE	NAME	PHONE NUMBER	EXT.	FAX NUMBER	E-MAIL		
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<b>BUSINESS</b>	(Fill in under the form of business that applies to you):		
1	<u>Sole Proprietorship:</u>	Social Security Number:	_____
		or	
		Employer I.D. Number	_____
		Business Owner's Name on IRS Records	_____
2	<u>Partnership Or Limited Partnership (LP) (LLC) (LLP) (PA) Trust or Estate</u>	Employer I.D. Number	_____
		Name on IRS records:	_____
3	<u>Corporation (Inc), Tax-exempt or other exempt business entity</u>	Employer I.D. Number	_____
		Name on IRS records:	_____

Service Information	Please List Each Premises To Be Averted By The Deposit Application	
Owners Name (As Listed With Norwalk Town Clerk)	SERVICE LOCATION	Account Number
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Please indicate the number of additional pages used: \_\_\_\_\_

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**Please read this section carefully!**

All landlords, management agents and other businesses involved in the management of residential rental units, hereinafter designated as Management, who are customers of South Norwalk Electric and Water (SNEW) shall be required when placing the account for electric service into the name of the Management, to place a deposit with SNEW.

SNEW shall have the right to offset unpaid bills against deposit and the right to cancel for non-payment. Management is responsible for the electric service and billing and payment of service from the time the former tenant vacates the premises, whether SNEW is notified by either the tenant or the landlord, in writing (fax accepted), until the date at which the unit is occupied and an account opened in the name of a new residential customer. Management will cooperate and provide information on former tenants.

Management agree to abide by and be governed by the resolution, rules, regulations, policies and practices of the South Norwalk Electric and Water currently enforce and as they are subsequently modified by the Second Taxing District Electric Commission.

In order to limit your liability, you the consumer will be responsible to notify South Norwalk Electric and Water in writing prior to termination of service.

I/We the undersigned , hereby apply to South Norwalk Electric and Water for utility service at the above address and agree to be JOINTLY AND SEVERALLY LIABLE for payment for such service. (NOTE "Jointly and Severally Liable" means each applicant is personally

I/We have read this application prior to signing it and understand its terms and conditions. I/We will follow all applicable rules and regulations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Applicant Name: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE, SNEW USE ONLY

**Deposit**

Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_

Check Number: \_\_\_\_\_ Security Deposit #: \_\_\_\_\_

Amount of Deposit Already on File For Customer: \_\_\_\_\_

Authorized Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_