

**BOROUGH OF ROYALTON
101 NORTHUMBERLAND STREET
MIDDLETOWN, PA 17057**

NEW RESIDENT FORM

FOR OFFICE USE ONLY:

ACCOUNT # _____ DATE \$150.00 COLLECTED: _____
BEGINNING ELECTRIC READ _____ ENTER ELEC MTR DEPOSIT: _____
BEGINNING WATER READ _____ ENTER ON CENSUS LISTING: _____
SWIFTREACH PHONE ENTERED: _____ ENTER ON PER CAPITA LIST: _____

TODAY'S DATE _____ **MOVE IN DATE** _____

ACCOUNT INFORMATION: (Person listed on utility bill)

PRIMARY ACCOUNT NAME: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

PHONE: (H) _____ **(C)** _____ **(W)** _____

EMAIL: _____

EMPLOYER: _____

SECONDARY ACCOUNT NAME: (SPOUSE OR OTHER RESPONSIBLE ADULT)

NAME: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

PHONE: (H) _____ **(C)** _____ **(W)** _____

EMAIL: _____

EMPLOYER: _____

OTHER NAMES LIVING IN HOUSEHOLD: Please list other than primary/secondary

NAME:	DOB:	SS#:	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROPERTY INFORMATION

ADDRESS MOVING TO _____

PLEASE CHECK: HOME OWNER _____ **RENTAL PROPERTY** _____

IF RENTAL UNIT, PLEASE HAVE LANDLORD PRINT AND SIGN BELOW TO VERIFY HOUSEHOLD MEMBERS ON LEASE AGREEMENT.

_____	_____
(PRINT NAME)	(SIGN NAME)

PLEASE CHECK UTILITIES YOU ARE RESPONSIBLE FOR:

ELECTRIC _____ REFUSE/GARBAGE _____ SEWER _____ WATER _____

MEDICAL CONDITION:

DO YOU OR ANYONE LISTED ON THIS FORM HAVE A MEDICAL CONDITION WHICH REQUIRES ELECTRICITY TO POWER LIFE SUPPORT? YES OR NO

IF YES, PLEASE INDICATE NAME _____ AGE _____
(THIS DOES NOT EXONERATE YOU FROM PAYING YOUR UTILITY BILL)

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE OR OTHER PHOTO I.D.