



CHICKAMAUGA UTILITIES  
RENTAL PROPERTY INFORMATION FORM

DATE: \_\_\_\_\_

**TENANT INFORMATION:**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Driver's License # \_\_\_\_\_

New Utility Service Street Address \_\_\_\_\_  
Unit # \_\_\_\_\_

Other Adults Living at the Address:

\_\_\_\_\_  
\_\_\_\_\_

**LANDLORD INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I understand that all of the above information is true and to the best of my knowledge.

**LANDLORD SIGNATURE:** \_\_\_\_\_

**NAME AND FORWARDING ADDRESS OF PREVIOUS TENANT AT THIS ADDRESS:**

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

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

**INSTRUCTIONS**

**THIS FORM MUST BE PRESENTED TO THE CHICKAMAUGA UTILITIES AT  
THE CHICKAMAUGA CITY HALL WHEN APPLYING FOR UTILITY SERVICE**