

FRANKFORT PLANT BOARD



New Customer Information Sheet

Customer/Business Name: _____

Social Security Number/Tax ID Number: _____

Mothers Maiden Name (Residential Customers Only): _____

Service Address: _____

Mailing Address: _____

Services Needed: _____

Service Activation Date: _____

Contact Number: _____

Signature: _____

Authorized users may be added to any FPB account. Authorized users have access to make changes/additions and inquire about services/account balances. Please provide the name and Date of Birth (DOB) for authorized users.

Authorized User Name: _____ DOB: _____

Authorized User Name: _____ DOB: _____

Please include the following

Residential: A copy of your picture ID, and if renting, a copy of your lease agreement.

Businesses: A copy of the Business License or Article of Incorporation, a copy of your lease agreement.

This form must be notarized to be considered as a form of ID.

The foregoing form was acknowledged and signed before me this _____ day of _____, 2016
by _____.

Notary Public

My commission Expires: _____

Equal Opportunity/Affirmative Action Employer
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