

Utility Security Deposit form

Full Name:	
Address Moving From:	
Address Moving To:	
Date Moving In:	
Tenant / Owner / Investment	
Phone #	Signature: **
OFFICE USE:	
Security Deposit Required:	
Valid Photo ID:	
DOB:	

*** By signing this form, you grant the Borough of Chambersburg permission to provide information concerning your utility account to the landlord/landlord designee of this rental property.*