



ACCT. #

APPLICATION FOR UTILITY SERVICE

PERSONAL DATA

(Please Print)

NAME: _____ PHONE: _____

SPOUSE/CO-OCCUPANT NAME: _____

MAILING ADDRESS: _____

SERVICE ADDRESS: _____

LANDLORD (IF RENTAL): _____

BUSINESS NAME IF COMMERCIAL: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

PREVIOUS ADDRESS: _____ HOW LONG? _____

Accounts will be billed monthly and payments are due on date indicated on bill. Failure to pay timely will result in late notices and ultimately service interruption. Full payment will be required before service is restored along with a \$25.00 reconnection fee.

Utility deposits will be applied to delinquent bill at time of cut-off and a new deposit will have to be placed in order to restore service. A charge of 1 ½% per month on delinquent accounts will be assessed.

APPLICANT'S SIGNATURE

DATE

SERVICE / DEPOSIT DATA

TYPE OF SERVICE: RESIDENTIAL COMMERCIAL INDUSTRIAL

SERVICE APPLICATION FOR: DEPOSIT METER #
REQUIRED

GAS _____ / _____
DATE

WATER _____ / _____
DATE

SEWER _____

GARBAGE _____

WASTEWATER _____

SERVICE CHARGE (INC. TX) _____

TOTAL DUE WITH APPLICATION: _____

**** NOTE: APPLICATION CANNOT BE CONSIDERED IF PRESENTED WITHOUT DEPOSIT ****

REMARKS:

OFFICE USE ONLY

ACCOUNT # _____

DATE OPENED: _____

DATE CLOSED: _____

CLERK CLOSING ACCOUNT

SIGNATURE OF MANAGER CLOSING ACCOUNT

DEPOSIT RECEIPT # _____

SIGNATURE OF CLERK ACCEPTING APPLICATION

SIGNATURE OF MANAGER APPROVING APPLICATION

DEPOSIT APPLIED DEPOSIT REFUNDED

CHECK # _____ CHECK # _____

DATE _____ DATE _____

AMOUNT _____ AMOUNT _____