



A PLACE APART

APPLICATION FOR UTILITY SERVICE

ACCT. #

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 \$40.00 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 \$10.00 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 _____ / _____ DATE _____

GARBAGE _____ / _____ DATE _____

WASTEWATER _____ / _____ DATE _____

SERVICE CHARGE (INC. TX) _____

TOTAL DUE WITH APPLICATION: _____

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

REMARKS: _____

OFFICE USE ONLY

ACCOUNT # _____

DEPOSIT RECEIPT # _____

SIGNATURE OF CLERK ACCEPTING APPLICATION _____

DATE OPENED: _____

DATE CLOSED: _____

SIGNATURE OF MANAGER APPROVING APPLICATION _____

DEPOSIT APPLIED DEPOSIT REFUNDED

CHECK # _____ CHECK # _____

DATE _____ DATE _____

AMOUNT _____ AMOUNT _____

CLERK CLOSING ACCOUNT _____

SIGNATURE OF MANAGER CLOSING ACCOUNT _____