



Service Application

Applicant Information

Date: _____

Applicant(s): _____ Spouse: _____

Service Address

Street: _____ City/State: _____ Zip: _____

Subdivision: _____ Section: _____ Block: _____ Lot: _____

Billing Address (If Different Than Above)

Street: _____ City/State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Meter Service Information

- Residential
 Owner Tenant
- Commercial
 Owner Tenant

Emergency Contact Information

Name: _____

Home Phone: _____

Cell Phone: _____

OFFICE USE ONLY

Meter Number: _____

Meter Size: _____

Installation Date: _____

Deposit Amount: _____