



DATE _____

UB CLERK: _____

ACCT #: _____-_____-_____-_____-_____-_____

NEW UTILITY SERVICE

APPLICANT NAME _____ *CO-APPLICANT(S) _____
 SOCIAL SECURITY NUMBER _____ SOCIAL SECURITY NUMBER _____
 DRIVERS LICENSE NUMBER _____ DRIVERS LICENSE NUMBER _____
 DATE OF BIRTH _____ DATE OF BIRTH _____
 HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
 SERVICE ADDRESS _____ MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____
 EMPLOYER _____ CITY _____ STATE _____
 RENT _____ OWN _____ LANDLORD _____ PHONE NUMBER _____
 START DATE _____ E-MAIL ADDRESS _____

FINAL SERVICE REQUEST Service Order # _____

CUSTOMER NAME _____ DRIVERS LICENSE # _____
 ADDRESS MOVING FROM _____
 DATE OF DISCONNECT _____ PHONE NUMBER _____
 FORWARDING ADDRESS _____

SERVICE TRANSFER REQUEST Service Order # _____

CUSTOMER NAME _____ DRIVERS LICENSE # _____
 ADDRESS MOVING FROM _____
 ADDRESS MOVING TO _____
 DATE TO DISCONNECT _____ DATE TO START _____
 MAILING ADDRESS _____ PHONE NUMBER _____

All requests/deposits must be received in the Utility Billing Office by noon to be processed for same day service.

Pursuant to utility code section 182.052 a customer may request confidentiality status so that their account record and personal information may not be disclosed to anyone not listed on the account.

For exceptions see section 182.054 Utilities Code

YES I request confidentiality status

NO I do not want my account to be confidential

Applicant Signature _____

*****Copy of rental/lease agreement; Application for Service, signed by all adults on rental/lease agreement; Copy of valid driver's license or of every adult listed on rental/lease agreement; Social Security number for every adult listed on the rental/lease agreement