Farmersville
DISCOVER A TEXAS TREASURE

NAME: LAST _____

FIRST _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

DL NUMBER: _____

DL STATE: _____

DOB: _____

EMPLOYER: _____

EMPLOYER TELEPHONE: _____

CITY OF FARMERSVILLE SERVICES REQUESTED

- ❑ ELECTRIC
- ❑ WATER
- ❑ SEWER
- ❑ GARBAGE (**PLEASE CIRCLE WHAT TYPE**)

COMMERCIAL CONTAINER: 2,4,6 OR 8 YARD

COMMERCIAL OR RESIDENTAL POLY-CART

BANK DRAFT ❑ **YES** ❑ **NO**

IF YES:

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

PAPERLESS BILLING ❑ **YES** ❑ **NO**

(EMAIL ADRESS IS REQUIRED FOR PAPERLESS BILLING)

EMERGENCY CONTACT:

NAME: _____ TELEPHONE: _____

NEW SERVICE CONNECT DATE: _____

TRANSFER: ❑ **YES** ❑ **NO** **TRANSFER FROM LOCATION:** _____

DISCONNECT DATE AT CURRENT LOCATION: _____

I,_____**DO NOT OWE THE CITY OF FARMERSVILLE FOR PAST UTILITIES. I UNDERSTAND THAT ANY FALSE INFORMATION WILL LEAD TO THE DISCONTINUATION OF CITY SERVICES AND THAT MY DEPOSITS WILL BE FORFEITED. AND I UNDERSTAND I AM RESPONSIBLE FOR PAYING THIS ACCOUNT AS LONG AS IT IS IN MY NAME**

_____ _____

Customer Signature Date

FOR OFFICE USE ONLY

CONNECT FEE $_____

ELECTRIC DEPOSIT $_____

WATER DEPOSIT $_____

TRANSFER FEE $_____

PAYMENT RECV'D $_____

LETTER OF CREDIT PROVIDED FROM

_____

_____

❑ ACCEPTABLE ❑ UNACCEPTABLE