



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: _____

EMERGENCY CONTACT:

NAME: _____

CITY OF FARMERSVILLE SERVICES REQUESTED

ELECTRIC

WATER

SEWER

GARBAGE (PLEASE CIRCLE WHAT TYPE)

COMMERCIAL CONTAINER: 2,4,6 OR 8 YARD

COMMERCIAL OR RESIDENTIAL POLY-CART

BANK DRAFT

YES

NO

IF YES:

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

PAPERLESS BILLING

YES

NO

(EMAIL ADDRESS IS REQUIRED FOR PAPERLESS BILLING)

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

Customer Signature

Date

FOR OFFICE USE ONLY

CONNECT FEE \$ _____

ELECTRIC DEPOSIT \$ _____

WATER DEPOSIT \$ _____

TRANSFER FEE \$ _____

PAYMENT REC'VD \$ _____

LETTER OF CREDIT PROVIDED FROM

ACCEPTABLE

UNACCEPTABLE