



Phone (972)782-6151 Fax (972)782-6604

NAME \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

ADDRESS CHANGE \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF SERVICE: RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ IN TOWN \_\_\_\_\_ OUT OF TOWN \_\_\_\_\_

DO YOU: OWN YOUR HOME \_\_\_\_\_ RENT YOUR HOME \_\_\_\_\_

LIVE IN AN APT \_\_\_\_\_ LIVE IN A MOBILE HOME \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PREVIOUS UTILITY CO. \_\_\_\_\_

DOB \_\_\_\_\_ DRIVERS LICENSE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

NEAREST RELATIVE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FRIENDS IN TOWN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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.

DEPOSIT PAID \_\_\_\_\_

CONNECT FEE \_\_\_\_\_

PAID WITH CREDIT CARD \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE ACCEPTING APPLICATION