

SHARYLAND UTILITIES

AN AGENT FOR THE CITY OF FARMERSVILLE

CUSTOMER INFORMATION

PRIMARY

NAME: LAST _____
 FIRST _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

CELL PHONE: _____

DL# _____

SS# _____

DOB: _____

EMPLOYER: _____

TELEPHONE: _____

REFERENCES:

FRIEND: _____
 NAME PHONE

SECONDARY

NAME: LAST _____
 FIRST _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

CELL PHONE: _____

DL# _____

SS# _____

DOB: _____

EMPLOYER: _____

TELEPHONE: _____

RELATIVE: _____
 NAME PHONE

HAVE YOU HAD SERVICE WITH CAP ROCK/CITY OF FARMERSVILLE BEFORE? YES OR NO

IF YES, WERE YOU EVER DISCONNECTED FOR NONPAYMENT? YES OR NO

TRANSFER FROM LOCATION _____

CONNECT DATE _____

DISCONNECT DATE CURRENT LOC _____

 SIGNATURE

 DATE

FOR OFFICE USE ONLY

Connect Fee: \$ _____

Deposit: \$ _____

Transfer Fee: \$ _____

Payment Received: \$ _____

Balance: \$ _____

Letter of Credit Provided from: _____

Acceptable - Unacceptable

Application accepted by: _____