City of Uvalde Application for Residential Utility Services

CUSTOMER INFORMATION (Please use blue or black ink)

Application Date:			
Applicants Name (Please Print)			
Service Address (Please Print)			
Services requested X Water X	Sewer Gas 90	gallon 300 gallon	Dumpster Roll-Off
Are you: Owner Tenant If Te	nant, who is owner or ag	ent?	Phone Number: ()
Mailing Address (Please Print)			
Previous Address (Please Print)			
Applicants Driver's License #	State:	Date of Birth:	Social Security #
Home Phone: ()	Work Phone: ()0	Cell Phone: ()
E-Mail Address: (Please Print)	The same of	Calledon No.	Care I
Co-Applicants Name (Please Print)			
Co-Applicants Driver's License #	State: _	Date of Birth:	Social Security #
Duplicate Statement: Yes No	If yes, mailing address		
Home Phone: ()	Work Phone: ()0	Cell Phone: ()
E-Mail Address: (Please Print)			//
	Important Notice Custo	omer must read and Sign Be	elow:
services, reading meters, inspecting, making repairs, a customer. Customer acknowledges the right to repair a CUSTOMERS RESPONSIBILITES: Only the above responsibility for water service line from the water meter Utility Service Office. The customer hereby states that all information provide this application for services shall be considered sufficient with a past due utility account is residing at the premise discontinued at any time without any notice to custome	and installing or removing any or al and bill the customer for damaged amed customer's are authorized to er, the sewer service line from the ed as set forth in this application for ent cause to immediately terminate es herein described at any point-in er.	Il utility equipment and apparatus usequipment. Il make changes or inquiries on the water meter line, and the gas server services is true and complete. The all utility services without any notinetime, all utility services may, at so	premises and at any time for the purpose of providing utility used in connection with the rendering of utility services to the sassigned account. The customer assumes and shall have sole vice lines from the gas meter as provided within the Uvalde the customer understands that one or more false statements on ice to Customer. The customer understands that if any person ole discretion of the Uvalde utility Service office, be immediately ees to be bound by all utility rates, rules, regulations, and
I (we) have read all the above information not	ice and fully understand and	d agree with all of the require	ements set forth and herein:
Print Name	Date	Applicants signature	
Print Name	Date	Co-Applicants signature	
For office use only:			
Customer Service Rep		Date Received:	
Date Service Requested	_		
Deposit \$ Cash	Check#	Credit Card	Receipt #
Account #	Billing Cycle		

City of Uvalde, TX PO Box 799 Uvalde, TX 78802 Phone: (830) 278-6616 Fax: (830) 278-8883