

CITY OF NEDERLAND UTILITY SERVICE APPLICATION

NAME _____ RECEIPT NO. _____
last first middle

BUSINESS NAME (COMMERCIAL ONLY) _____

NEW SERVICE ADDRESS: _____

MAILING ADDRESS: _____
street address city state zip

DRIVER'S LICENSE NO. _____ SOCIAL SECURITY NO. _____ DOB _____

EMPLOYER _____ WORK PHONE _____ HOME PHONE _____

SPOUSE _____ EMPLOYER _____ WORK PHONE _____

RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____

RELATIVE'S ADDRESS _____ PHONE _____

LANDLORD'S NAME (IF APPLICABLE) _____ PHONE _____

I understand that my utility deposit will be refunded to me in one year upon my request, providing that my utility payments are made timely. In accordance with Sec. 182.052 of the Utility Code you have a right to request that your personal account information be kept confidential. If you would like your information to remain confidential, please initial. _____.

NOTICE: THE CITY OF NEDERLAND WILL NOT BE RESPONSIBLE FOR ANY DAMAGE INCURRED BECAUSE OF LEAKS OR OPEN FAUCETS AT THE TIME SERVICE IS TURNED ON AT YOUR METER. PLEASE VERIFY ALL FAUCETS ARE OFF ON THE DATE WATER SERVICE IS TO BE ESTABLISHED.

DATE TO START SERVICE

SIGNATURE OF APPLICANT

DATE SIGNED