

ACCOUNT # _____ DEPOSIT AMOUNT \$ _____ RECEIPT # _____ GARBAGE CANS AT ADDRESS 1 2

CITY OF NEDERLAND UTILITY SERVICE APPLICATION

NAME _____
last first middle

BUSINESS NAME (COMMERCIAL ONLY) _____ EIN # _____

NEW SERVICE ADDRESS: _____

MAILING ADDRESS: _____
street address city state zip

CONTACT PERSON _____ DL # _____ PHONE NUMBER _____

ALT CONTACT _____ TITLE _____ PHONE NUMBER _____

CONTACT ADDRESS _____ PHONE _____

LANDLORD'S NAME (IF APPLICABLE) _____ PHONE _____

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