REQUEST FOR RESIDENTIAL/COMMERCIAL UTILITY SERVICE



City Hall location:

161 Town Center Blvd., Jarrell, TX

Phone: 512/746-4593, ext. 120

Fax: 512/746-2052

APPLICANT INFORMATION				CO-APPLICANT INFORMATION		
Name (Please Print)				Name (Please Print)		
Home Phone				Home Phone		
Cell Phone				Cell Phone		
Work Phone				Work Phone		
Driver's License #				Driver's License #		
Date of Birth				Date of Birth		
Date of Request						
Requested start date of service						
Service Address						
Mailing Address (i	f different than above)					
Email Address						
gallon charge. All b date. In the event require full payme	ills are due on or bef the service is disco nt of any delinquen instatement and rec	ore the 15 th day of t nnected for late pay cy, in addition to a	the n yme ny r	nonth. Late charg nt, the City will a econnection fees	monthly charge of \$59.00, plus the per es will be assessed if paid after the due pply the deposit to the deficiency and and reinstatement of the full security posits shall remain with the City until	
Applicant signature				Co-applicant signature		
Date Signed				Date Signed		
	Yes, I request confidentiality of any personal information contained in my utility account				Yes, I request confidentiality of any personal information contained in my utility account	
OFFICE USE ONL	Y *VERI	FY DRIVER'S LICEN	SE C	OR PERSONAL ID	*	
NEW ACCOUNT # R C SW WTR]\$125.00 deposit	paid by Check # Cash		
Date:		Oncor Electric I	Rele	ase Confirmation	Number:	