



City of Johnson City  
P.O. Box 369  
Johnson City, TX 78636  
(830) 868-7111 Fax (830) 868-7718  
[www.johnsoncitytx.org](http://www.johnsoncitytx.org)

**UTILITY NEW SERVICE REQUEST APPLICATION**

Acct. # \_\_\_\_\_ Email: \_\_\_\_\_

Date service is requested to begin: \_\_\_\_\_ (Date cannot be on a weekend or holiday).

**\*NEED COPY OF DRIVERS LICENSE\***

Applicant's Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Service Address: \_\_\_\_\_  
(Street Address or Post Office Box) (City, State and Zip Code)

Mailing Address: \_\_\_\_\_  
(Street Address or Post Office Box) (City, State and Zip Code)

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Applicant is the Property:  Owner  Tenant  Agent

I \_\_\_\_\_ hereby request the City of Johnson City to provide utility services at the above service location. I \_\_\_\_\_ agree to pay all charges for services rendered as a result of this request. I understand and agree that failure to pay any amount due to the City of Johnson City may result in termination of services and legal action for the collection of such sums plus interest, court costs and legal expenses and fees. I have read and understand the Service information guidelines provided by the City of Johnson City and have by signing the following document agrees to adhere to this document.

\_\_\_\_\_  
(Signature of New Applicant) (Date)

**(OFFICE USE ONLY)**

Initial Reading: \_\_\_\_\_ Meter # \_\_\_\_\_  
Route: \_\_\_\_\_ Rate Code: \_\_\_\_\_  
Reading Sequence: \_\_\_\_\_ Prorate: \_\_\_\_\_ Days  
Certificate Number: \_\_\_\_\_ Deposit:  check # \_\_\_\_\_  CC  Cash

Water  Sewer  Garbage

Email to: [beckenrode@johnsoncitytx.org](mailto:beckenrode@johnsoncitytx.org)