

CITY OF HOLLAND

P. O. BOX 157 ~ 102 WEST TRAVIS ~ HOLLAND, TEXAS 76534
254-657-2460 ~ 254-657-8025 ~ cityoffices@thecityofholland.org

Physical Address: _____

Turn on Date: _____ Morning: _____ Afternoon: _____

Account Information

Today's Date: _____ Deposit Paid: Yes No Amt: _____ Cash Check No. _____

Deposit Transfer from Account No.: _____ Address: _____

Account Name: _____

Mailing Address: _____

Phone Number: _____

Important to be able to contact you in case of emergency

Proof of Purchase/Lease Agreement from Land Owner on File.

Customer Service Agreement on File

Notice: You have the right to request confidentiality of personal information, defined as address or phone number. Please advise if you want this information kept confidential.

Yes _____ No _____

Signature: _____

Meter Information

Account No: _____ Route No: _____ Reading Sequence No: _____

Turned on By: _____ Date: _____ Time: _____

Beginning Meter Reading: _____

Remarks: _____
