



OFFICE USE ONLY:

### RESIDENTIAL UTILITY SERVICE APPLICATION

Acct#: \_\_\_\_\_ - \_\_\_\_\_

Reading: \_\_\_\_\_

Start Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Route: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REQUESTED START DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(Same day service can only be completed if requested before noon.)**

(Note: If your lease or closing papers state a date other than the date listed above, your account will be initiated as of the date on your lease or closing papers.)

Would you like your services connected during the:  
(YOU MUST BE AT THE SERVICE ADDRESS DURING THESE TIMES; ANY MISSED APPOINTMENTS WILL BE RESCHEDULED ON A LATER DATE)

(circle one)		
<b>AM</b>	<b>OR</b>	<b>PM</b>
(8am to noon)		(1pm to 3pm)

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(if different from service address)

**Check one:**

RENT  You must provide a copy of your **lease** papers. All names on lease will be listed on account.

OWN  You must provide a copy of your closing papers. All names on papers will be listed on account.

Note: The account will be started as of the date on these documents.

### RESIDENTIAL

NAME: _____		
LAST _____	FIRST _____	MI _____
SPOUSE: _____		
LAST _____	FIRST _____	MI _____
DATE OF BIRTH: ____ / ____ / ____		DRIVER'S LICENSE NO. _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____		
PREVIOUS STREET ADDRESS: _____		
PREVIOUS CITY, STATE, ZIP: _____, _____ _____		
PHONE NUMBER:		
Home: _____	EMPLOYER: _____	
Work: _____	EMERGENCY CONTACT: _____	
Other: _____	EMERGENCY PHONE: _____	

ACCOUNT CONFIDENTIALITY REQUEST: \_\_\_\_\_  
(YOU MUST CHECK ONE)

I hereby request the City of Rowlett, as authorized by H.B. 859, keep my personal utility information confidential and that such information be only disclosed to those parties authorized to receive such information. I also understand this is a one-time \$1 fee.

I hereby rescind my request for confidentiality.

SIGNATURE OF APPLICANT(S):

\_\_\_\_\_

Email address: \_\_\_\_\_

