

UTILITY SERVICE APPLICATION

CITY OF KIRBYVILLE
107 S. ELIZABETH
KIRBYVILLE, TEXAS

75956

NOTE: INCOMPLETE OR INACCURATE INFORMATION MAY CAUSE DELAY IN RECEIVING OR TERMINATION OF CITY SERVICES. ALL OUTSTANDING ACCOUNT BALANCES DUE MUST BE PAID IN FULL OR PAYMENT PLAN ARRANGEMENTS SET UP IN ORDER TO RECEIVE SERVICES.

PLEASE CHECK SERVICES APPLIED FOR- ELECTRIC{} WATER/SEWER/GARBAGE{}

TYPE OF SERVICE- RESIDENTIAL{} COMMERCIAL{}

TYPE OF STRUCTURE – HOUSE/APT.{} MOBILE HOME {} PUBLIC HOUSING {}

APPLICANT _____

MAILING ADDRESS: _____

SERVICE ADDRESS : _____

CITY, STATE, ZIP : _____

SOCIAL SECURITY # : _____

DRIVERS LICENSE # : _____

HOME TELEPHONE # : _____ ALTERNATE # : _____

JOINT / SPOUSE : _____ S/S # _____

NAMES OF CHILDREN OR OTHERS RESIDING AT THIS LOCATION: _____

NEAREST RELATIVE NOT LIVING WITH YOU OR PERSONAL REFERENCE , INCLUDING ADDRESS AND TELEPHONE # : _____

DO YOU PRESENTLY HAVE A UTILITY ACCOUNT WITH THE CITY : YES {} NO {}

HAVE YOU EVER RECEIVED SERVICE FROM THE CITY IN THE PAST : YES {} NO {}

NOTE : PERSON MAKING REQUEST IF OTHER THAN APPLICANT MUST SUBMIT AUTHORIZATION IN WRITING .

NAME OF AUTHORIZED PERSON : _____

ADDRESS : _____ **TELEPHONE #** _____

SIGNATURE OF APPLICANT : _____

NOTE : YOUR FINAL WILL COME OUT OF YOUR DEPOSIT ANYTHING LEFT OVER FROM THAT WILL BE REFUNDED TO YOU LESS THE SERVICE FEES.

THANK YOU AND WELCOME TO THE CITY OF KIRBYVILLE !