

UTILITY SERVICE APPLICATION

CITY OF CAMERON
PO BOX 833
CAMERON TEXAS 76520

Phone 254-697-6646
Fax 254-697-3040

PLEASE PRINT

RESIDENTIAL

Customer Name: _____

Spouse's Name: _____

Name of Authorized person(s) to make changes to your account: _____

Service Address: _____

Billing Address: _____

Home Phone: _____

Last 4 of your SS#: _____

Are You: Buying Renting

To be filled out by Property owner or Landlord

Property Owners Name- Signature & Contact info of your Landlord

Address: _____

Phone: _____

Name of People living at residence:

A resident may request that their address & phone number be kept confidential. If a resident makes such a request of confidentiality, the City shall keep the address & phone number confidential unless required or mandated by law.

Yes- Request for Confidentiality No- Do not request Confidentiality

Customers Signature

Customer's DL# (A copy of DL is required)

Date

Requested Connect Date

FOR OFFICE USE ONLY

Deposit Amount \$ _____ Service Rep _____
Date Deposit Made _____ Acct No. _____