

# 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: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Deposit Amount \$	_____
Date Deposit Made	_____
Service Rep	_____
Acct No.	_____