

# 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

**FOR OFFICE USE ONLY**

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