



For Utility Customer Service Use ONLY												
Account #:				-							-	
UB Clerk:					Full Service			30-day Temp		90-day Temp		

NEW UTILITY SERVICE

Customer Name:				Spouse:				
Social Security #:				Spouse Social Security #:				
Driver's License #:		Date of Birth:		Spouse Driver's License #:		Spouse Date of Birth:		
Cell Phone:			Home Phone:			Spouse Phone:		
Service address:				City:			State:	Zip:
Mailing address:				City:			State:	Zip:
Own		Rent		Landlord:			Phone:	
Start Date:			Email Address:					
Paperless Billing			Yes		No			

SERVICE TRANSFER REQUEST

Customer Name:				Driver's License Number:			
Address moving from:						Account Number (Completed by Utility Cust Svs):	
Address moving to:						Account Number (Completed by Utility Cust Svs):	
Date to disconnect:		Date to start:		Phone Number:			
Mailing Address:				City:		State:	Zip:

FINAL SERVICE REQUEST

Customer Name:				Driver's License Number:			
Service Address:				City:		State:	Zip:
Date to disconnect:		Cell Phone:		Alt Phone Number:			
Forwarding Address:				City:		State:	Zip:

All requests/deposits must be received in the Utility Billing Office by noon to be processed for the same day. Pursuant to Texas Utility Code Section 182.052, a customer may request confidentiality status so that their account record and personal information may not be disclosed to anyone not listed on the account. For exceptions, see Texas Utility Code Section 182.054.

Yes, I request confidentiality			No, I do not want my account to be confidential		
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Signature:				Date:			
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