

Trash pick-up days:

Received by:

M

TU

Date:\_

W

## RESIDENTIAL UTILITY SERVICE APPLICATION

| DATE: |  |
|-------|--|
| TIME: |  |

| LAST NAME OR BUSINESS NAME                      | ACCOUNT #   |
|---|---|
| FIRST NAME MIDDLE                               | SERVICE ADDRESS   |
|   |   |
| SPOUSE / ROOMMATE                               | MAILING ADDRESS:  |
| NEWCOMER TO SHERMAN? ☐ YES ☐ NO                 | STREET  |
| NEWCOMER TO SHERMAN? YES NO                     |   |
|   | CITY STATEZIP   |
| APPLICANT EMPLOYMENT                            | PROPERTY OWNER INFO: ☐ LANDLORD ☐ RELATIVE  |
| SPOUSE / ROOMMATE EMPLOYMENT                    | NAME  |
|   | STREET  |
| APPLICANT DL#                                   | CITY  |
|   | STATEZIP  |
| BUSINESS ID# (IF APPLICABLE)                    | PHONE #   |
| APPLICANT'S PHONE #: WORK                       | SPOUSE / ROOMMATE DL#   |
| HOME  |   |
| APPLICANT E-MAIL                                | SPOUSE / ROOMMATE E-MAIL  |
| DO YOU WISH TO DONATE \$1 PER MONTH TO THE LIBR |   |
| PROGRAM? ☐ YES ☐ NO                             | FUND FOR PARK IMPROVEMENTS AND POLICE PROGRAMS?   |
| APPLICANT SIGNATURE                             | ☐ YES ☐ NO  SPOUSE / ROOMMATE SIGNATURE   |
| 711 Elevitti Glerttone                          | CI GGGE / NGGIMINIATTE GIGITATIONE  |
|   | ng Master Deposits), deposits are applied to the utility account ent history; or (2) when the account is closed. Upon loss of an ereinstated. |
|   | omeone is at the residence due to the possibility of an outlet being<br>narge will be incurred should a second trip be necessary to turn      |
| Date:Time:                                      |   |
| Someone will be at home at the above date &     | Applicant Signature   |
|   |   |
|   | W FOR OFFICE USE ONLY***  |
| Inside City Limits?                             | Meter Size  |
| Domestic Yard Y                                 | Services: Water Sewer Trash   |

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Rec Rec Exempt Extra Can

Service Order #\_