



DATE:	_____
TIME:	_____

RESIDENTIAL UTILITY SERVICE APPLICATION
 City of Sherman Customer & Utility Services Department

LAST NAME OR BUSINESS NAME		ACCOUNT #
FIRST NAME	MIDDLE	SERVICE ADDRESS
SPOUSE / ROOMMATE		MAILING ADDRESS:
NEWCOMER TO SHERMAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		STREET _____
BANK DRAFT <input type="checkbox"/> YES <input type="checkbox"/> NO		_____
CREDIT CARD DRAFT <input type="checkbox"/> YES <input type="checkbox"/> NO		CITY _____ STATE _____ ZIP _____
APPLICANT EMPLOYMENT		PROPERTY OWNER INFO: <input type="checkbox"/> LANDLORD <input type="checkbox"/> RELATIVE
SPOUSE / ROOMMATE EMPLOYMENT		<input checked="" type="checkbox"/> OWNER (WHEN OWNER IS SAME AS APPLICANT)
APPLICANT DL#		NAME _____
BUSINESS ID# (IF APPLICABLE)		STREET _____
APPLICANT'S PHONE #: WORK		CITY _____
CELL HOME		STATE _____ ZIP _____
APPLICANT E-MAIL		PHONE # _____
E-BILL <input type="checkbox"/> YES <input type="checkbox"/> NO		SPOUSE / ROOMMATE DL#
DO YOU WISH TO DONATE \$1 PER MONTH TO THE LIBRARY PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		SPOUSE / ROOMMATE E-MAIL
DO YOU WISH TO DONATE \$1 PER MONTH TO THE PRIDE FUND FOR PARK IMPROVEMENTS AND POLICE PROGRAMS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
APPLICANT SIGNATURE		SPOUSE / ROOMMATE SIGNATURE

Deposits: For accounts requiring a deposit (excluding Master Deposits), deposits are applied to the utility account (1) after a minimum of 12-months of Excellent payment history; or (2) when the account is closed. Upon loss of an Excellent payment history, refunded deposits may be reinstated.

If Water Is Off: Water cannot be turned on unless someone is at the residence due to the possibility of an outlet being open, which can cause flooding. An additional \$15 charge will be incurred should a second trip be necessary to turn the water on.

Date: _____ **Time:** _____

Someone will be at home at the above date & time: _____
Applicant Signature

*****AREA BELOW FOR OFFICE USE ONLY*****

Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Meter Size _____
If applicable, Deposit Amount \$ _____	Services: Water <input type="checkbox"/> Sewer <input type="checkbox"/>
Domestic <input type="checkbox"/> Yard <input type="checkbox"/>	Trash <input type="checkbox"/> Extra Can <input type="checkbox"/>
Trash pick-up days: M TU W TH F	Service Order # _____
Received by: _____ Date: _____	