



DATE: _____
TIME: _____

RESIDENTIAL UTILITY SERVICE APPLICATION
 City of Sherman Utility Billing Department

LAST NAME OR BUSINESS NAME	ACCOUNT #
FIRST NAME MIDDLE	SERVICE ADDRESS
SPOUSE / ROOMMATE	MAILING ADDRESS <i>(If Different)</i> : STREET _____
BANK 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 <input type="checkbox"/> OWNER (WHEN OWNER IS THE SAME AS APPLICANT)
SPOUSE / ROOMMATE EMPLOYMENT	NAME _____
APPLICANT DL#	STREET _____
SPOUSE / ROOMMATE DL#	CITY _____
BUSINESS ID# (IF APPLICABLE)	STATE _____ ZIP _____
PRIMARY'S PHONE #:	PHONE # _____
SECONDARY'S PHONE#	SPOUSE / ROOMMATE DOB:
APPLICANT E-MAIL	SPOUSE / ROOMMATE - E-MAIL
DO YOU WISH TO DONATE \$1 PER MONTH TO THE LIBRARY PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU WISH TO DONATE \$1 PER MONTH TO THE 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: _____	