

CITY OF EULESS

Residential Utility Service Application and Agreement

Date: _____ Date Service to Begin _____

Name: (Last) _____ (First) _____

Service Address: _____
Street # Street Name Zip Code

Do you own this residence? _____ Are you a Senior Citizen (65 or older) Yes _____ No _____

Mailing Address (if different from above): _____

Street # Street Name City State Zip Code

Home Phone # _____ Driver's License # _____

Work Phone # _____ Social Security # _____

Employer Name: _____

Employer Address: _____

Spouse or other Responsible Resident(s) _____

Have you previously had service in the City of Euleless? _____

If Yes, what address? _____

AUTHORIZATION TO RELEASE INFORMATION: The City of Euleless can withhold the release of your address, telephone number and social security number with your written authorization. Please indicate your preference by placing an X in the appropriate blank.
_____ **Do not release my address, phone or Social Security number**
_____ **The City of Euleless may release my address, telephone number**

I hereby apply for Utility Service at the above address and agree to pay the monthly charges when due. I release the City of Euleless from all liability in the event damages are sustained to property or contents due to water damage which may be caused by leaking pipes, open faucets or broken pipes.

Customer Signature: _____

THE CITY OF EULESS FILES CREDIT REPORTS ON DELINQUENT ACCOUNTS
For a free credit report, contact : Experian, PO Box 2002, Allen, TX 750143
Phone: 888-397-3742 email: www.experian.com/reportaccess

Payments Options: _____ Automatic Bank Draft _____ Bill by mail

201 N. Ector Drive, Euleless, Texas 76039-3595
817-685-1471 Metro 817-267-4403 Fax 817-685-1428