



CITY OF TOMBALL
RESIDENTIAL UTILITY SERVICE APPLICATION

Your account will be confidential unless otherwise noted.
____ (Please initial) I do not want my account information to remain confidential.

Date to Start Service: _____ Account No.: _____
Will be issued by City of Tomball

Service Address: _____

Buying _____ Renting _____

Would you like a Recycle Bin? _____ Yes _____ No (Note: Takes 2-3 weeks for delivery)

Applicant Information:

Name of Applicant: _____ Co-Applicant _____

Mailing Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Name Employer: _____ Work: _____

Previous Address: _____ City/State: _____

Identification:

DL # or ID # _____ State: _____ Co-Applicant: _____ State: _____

Social Security # _____ Co-Applicant Social Security: _____

Birth Date: _____ Co-Applicant Birth Date: _____

Signed

Date

For Office Use Only:

Deposit Amount/ Deed: _____ Deposit Receipt No.: _____

Type of service: ___ Water ___ Gas ___ Sewer ___ Garbage

Application Taken By: _____