

CITY OF CUMBY

P.O. BOX 349 ♦ CUMBY, TEXAS 75433 ♦ (903)994-2272 ♦ FAX (903)994-2650

Web site: www.cityofcumby.com ♦ email: cityofcumby@cumbytel.com

APPLICATION FOR WATER/SEWER/GARBAGE SERVICE

FOR OFFICE USE ONLY

DATE PAID: _____

AMOUNT PAID: _____

() CASH () CHECK # _____

NEW SERVICE ()
SERVICES APPLYING FOR:

TRANSFER ()
INSIDE CITY LIMITS
OUTSIDE CITY LIMITS

ACCOUNT NUMBER: _____
WATER/SEWER/GARBAGE ()
WATER ONLY () GARBAGE ONLY ()

NAME OF APPLICANT: _____ GENDER: () M or () F

SERVICE ADDRESS: _____ SERVICE REQUEST DATE _____

MAILING ADDRESS (IF DIFFERENT): _____

PREVIOUS ADDRESS: _____

DO YOU NEED TO TRANSFER SERVICES? YES () NO ()

DRIVERS LICENSE OR ID # _____ STATE: _____ DATE OF BIRTH ____/____/____

HOME PHONE: _____ WORK PHONE: _____

SPOUSE/OTHER RESPONSIBLE PARTY: _____

DRIVERS LICENSE OR ID # _____ STATE: _____ DATE OF BIRTH ____/____/____

HOME PHONE: _____ WORK PHONE: _____

PLEASE LIST NAME (S) OF ALL OCCUPANTS WHO WILL RESIDE IN HOME:

PERSON TO CONTACT IN CASE OF EMERGENCY (NOT LIVING WITH YOU)

PHONE#: _____

HAVE YOU HAD SERVICES PREVIOUSLY WITH THE CITY OF CUMBY? YES () NO ()

DO YOU RENT () OR OWN () LANDLORD'S NAME: _____ PHONE# _____

The Applicant, whose signature appears below, applies to the City of Cumby for some or all of the following services: Water, Sewer and Garbage to be supplied at the address herein described, and upon request, at any other local address to which Applicant may move. The Applicant agrees to pay for said services as bills are rendered therefore, in accordance with the rates, rules and regulations as provided in the City Ordinances as now existing or as may be enacted and in effect at the time of delivery, regardless of who the consumer might be.

Applicant

Co-Applicant

Date

Date

