



CITY OF DENISON

430 West Chestnut Street | PO Box 347
Denison, TX 75021-0347
(903) 465-2720 EXT. 2400 | Fax (903) 465-1276

UTILITY SERVICE APPLICATION

Date: _____

Number in Household: _____

Name: _____

Spouse's Name: _____

Service Address: _____

Effective date of new service: _____

Mailing Address:
(if different than service address) _____

E-Mail Address: _____

Phone Number: _____

Cell Phone Number: _____

Social Security# _____

Spouse's SS# _____

Drivers License# _____

Spouse's DL# _____

Date of Birth: _____

Spouse's DOB: _____

Previous Address: _____

Place of Employment: _____

Employment Address: _____

Supervisor: _____

Phone Number: _____

Account Type: Commercial Residential

SERVICES: Water Sewer Trash

OWN? RENT? If renting landlord's name: _____

Have you ever had service in Denison? YES NO Give dates: _____

Customer Signature

ATTACH A COPY OF PHOTO IDENTIFICATION.

A SIGNED LEASE AGREEMENT MUST BE PROVIDED IF RENTING.