

**CITY OF SULPHUR
APPLICATION FOR RESIDENTIAL UTILITY SERVICE**

NAME: _____

SS#: _____ DL#: _____ DATE OF BIRTH: _____

ADDRESS OF SERVICE: _____

MAILING ADDRESS (if different from above): _____

PREVIOUS ADDRESS: _____

PLEASE CHECK ONE OF THE FOLLOWING

- (1) Own Property (Proof of purchase required) _____
Rent Property (\$50.00 refundable deposit required) _____
 (a) Name of landowner _____
 - (2) House _____
 Mobile Home _____
 (a) Was this mobile home moved into city limits? _____
 (b) Give Permit Number _____
 - (3) Have you previously been a City of Sulphur utility customer? _____
 If yes, when? _____ Address of Service: _____
- Name assigned to account: _____

PLEASE FILL IN THE BLANKS

HOME PHONE # _____ EMPLOYER'S PHONE # _____
EMPLOYER: _____ ADDRESS: _____
DATE OF EMPLOYMENT: _____
SPOUSE'S NAME: _____ SS#: _____ DL#: _____
DATE OF BIRTH: _____ SPOUSE'S EMPLOYER: _____
EMPLOYER'S ADDRESS: _____ PHONE: _____
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU: _____
ADDRESS(relative): _____ PHONE: _____

****Date Service Desired: _____ Time: _____ AM/PM

Is there a garbage receptacle at service address? Yes / No
Is there a recycling bin at service address? Yes / No

******SOMEONE MUST BE PRESENT WHEN SERVICE IS CONNECTED******

THE UNDERSIGNED APPLICANT, AGREES TO BE RESPONSIBLE FOR ALL UTILITY PAYMENTS FOR SERVICES RENDERED BY THE CITY OF SULPHUR IN ACCORDANCE WITH THIS APPLICATION.

APPLICANT SIGNATURE

FOR OFFICE USE ONLY

CLERK _____ DATE _____ DEPOSIT INFORMATION (if applicable) _____
PROOF OF PURCHASE (if applicable) _____ SEWER ONLY _____