

s/o # \_\_\_\_\_



## Residential Utility Service Application

City of Big Spring 501 Runnels Street Big Spring, TX 79720	Tel. 432-264-2542 Fax. 432-264-2527 www.mybigspring.com
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**(Please Print)**

Today's Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different than service)

Driver's License#: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse/ Roommate Name: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please note that a Lease Agreement/Proof of Ownership, Photo Identification and a deposit is required at the time of application for services. Before we determine your deposit amount, we will run a credit check. By signing below, you are hereby authorizing this procedure.**

Section 182.052 of the Texas Utilities Code requires government-operated utilities to notify customers of their right to confidentiality. You are hereby informed that you have the right to request confidentiality of your account information.

**Please Select One:**

Yes-Request for Confidentiality

No- Do not request confidentiality

Section 182.001 through 182.005 of the Texas Utilities Code states that persons 60 or older utility accounts will not receive a 10% penalty until bill is past due by 25 days. Are you or authorized person on this account 60 or older, on SSI/ Disability?

**Please Select One:**

Yes-(Please provide proof of age or SSI/Disability Award letter)

No

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(For office use only)**

Deposit Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Meter Number: \_\_\_\_\_  
 Read Meter: \_\_\_\_\_ Date: \_\_\_\_\_ Cut on Meter: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.  
 Remarks: \_\_\_\_\_  
 Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.