

Date _____

Account# _____

Service Application

Customer Name _____

Service Address _____

Mailing/Forwarding Address _____

Phone Number _____

Date of Connect/Disconnect _____

I authorize that the City of Lockhart Utility Department
CONNECT / DISCONNECT my electric and/or water service(s) at
the above address.

STOP: MY SIGNATURE BELOW CERTIFIES I HAVE READ AND AGREE WITH THE TERMS AND
CONDITIONS AS STATED ON THE BACK OF THIS DOCUMENT

Signature _____ Date _____

DL# _____ SSN# _____ DOB _____

Spouse/Tenant(s) Signature _____ Date _____

DL# _____ SSN# _____ DOB _____

___ Residential ___ Commercial Type _____

I would like to give full access to _____
(Full access does not allow a customer to disconnect or
transfer services. Copies of social security and driver's
license or photo ID will be supplied.)

IS IT A DEMOLITION? YES OR NO

INSPECTION REQUIRED? YES OR NO

DO YOU HAVE A RECYCLE BIN? YES OR NO