



**Farmersville**  
DISCOVER A TEXAS TREASURE

**CITY OF FARMERSVILLE**

NAME: LAST \_\_\_\_\_  
FIRST \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
DL NUMBER: \_\_\_\_\_  
DL STATE: \_\_\_\_\_  
DOB: \_\_\_\_\_  
CRITICAL LOAD:      YES      NO

**SERVICES REQUESTED**

- ELECTRIC
- WATER
- SEWER
- GARBAGE (PLEASE CIRCLE WHAT TYPE)  
COMMERCIAL CONTAINER: 2,4,6 OR 8 YARD  
COMMERCIAL OR RESIDENTAL POLY-CART

**BANK DRAFT**       YES       NO

IF YES:

BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**PAPERLESS BILLING**       YES       NO

(EMAIL ADDRESS IS REQUIRED FOR PAPERLESS BILLING)

**CONFIDENTIALITY REQUEST:**

I WOULD LIKE MY INFORMATION KEPT CONFIDENTIAL: YES    NO

TELEPHONE: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

**NEW SERVICE CONNECT DATE:** \_\_\_\_\_

**TRANSFER:**       YES       NO      **TRANSFER FROM LOCATION:** \_\_\_\_\_

**DISCONNECT DATE AT CURRENT LOCATION:** \_\_\_\_\_

I, \_\_\_\_\_ DO NOT OWE THE CITY OF FARMERSVILLE FOR PAST UTILITIES. I UNDERSTAND THAT ANY FALSE INFORMATION WILL LEAD TO THE DISCONTINUATION OF CITY SERVICES AND THAT MY DEPOSITS WILL BE FORFEITED. AND I UNDERSTAND I AM RESPONSIBLE FOR PAYING THIS ACCOUNT AS LONG AS IT IS IN MY NAME

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

CONNECT FEE      \$ \_\_\_\_\_

LETTER OF CREDIT PROVIDED FROM

ELECTRIC DEPOSIT      \$ \_\_\_\_\_

\_\_\_\_\_

WATER DEPOSIT      \$ \_\_\_\_\_

\_\_\_\_\_

TRANSFER FEE      \$ \_\_\_\_\_

ACCEPTABLE       UNACCEPTABLE

**PAYMENT RECVD**      \$ \_\_\_\_\_