

**CITY OF PORT NECHES
UTILITY SERVICE APPLICATION
TO APPLY FOR SERVICE YOU MUST:**

Be the Responsible Bill Payee, the Bill Payee's Spouse or Legally Authorized Agent,
or the Administrator of the Estate, and Display a Valid Driver's License or Texas ID.

Name _____ Date _____
Home Phone _____
Business Name (commercial only) _____ Cell Phone _____
Mailing Address _____ Zip _____
Service Address _____ Zip _____
TDL# _____ Date of Birth _____ Start Date for Service _____
Employer _____ Work Phone _____
Email Address _____
Spouse Name _____ Cell Phone _____
Spouse Employer _____ Work Phone _____
Rent _____ Own _____ Owner's or Landlord's Name _____ Are you the landlord? Yes ___ No ___
Has Account Holder or Spouse (if applicable) had previous water service with the City of Port Neches? Yes _____ No _____
If yes, give previous address _____
Has Account Holder or Spouse (if applicable) had water service with the City of Port Neches under any other name? Yes ___ No ___
If yes, please give the other name service was in _____
Nearest relative or local contact not living with you:
Name _____ Relationship _____ Phone # _____
You have the right to request that your personal account information be kept confidential. If you would like your information to remain confidential, please initial _____.

NOTICE: The City of Port Neches will not be responsible for any damage incurred because of leaks or open faucets at the time services are turned on at your meter. Please verify all faucets are off on the date water service is to be established.

I acknowledge that I have read the information on this application and that I am responsible for timely payment of my utility services to the City of Port Neches. I further acknowledge that the information I have given is true and accurate to the best of my knowledge.

Signature of Applicant _____ **Date** _____

Office Use Only

Account Number(s) _____

LANDLORD