

**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:** _____
Business Name (commercial only) _____ **Phone#** _____
Mailing address: _____ **Phone #** _____
Service Address: _____ **ZIP:** _____
TDL#: _____ **Date of Birth:** _____ **Start Date for Service** _____
Employer: _____ **Phone#:** _____
Spouse Name: _____ **Phone #:** _____
Spouse Employer: _____ **Phone #:** _____
Rent: _____ **Own:** _____ **Owner's or Landlord's Name:** _____
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 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: _____

Receipt NO. _____

