



City of Canton
POBox 245-24980 Hwy 64 Ste. 1
Canton, Texas 75103

UTILITY SERVICE APPLICATION

PLEASE PRINT

Tel: (903) 567-1841
Fax: (903) 567-1793

| RESIDENTIAL | COMMERCIAL |
|--|--|
| Customer Name: _____ | Business Name: _____ |
| Spouse's Name: _____ | Contact Name: _____ |
| Service Address: _____ _____ | Service Address: _____ _____ |
| Mailing Address: _____ (if different than service address) | Mailing Address: _____ (if different than service address) |
| Home Phone: _____ | Home Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> INSIDE CITY <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> INSIDE CITY <input type="checkbox"/> OUTSIDE |
| Property Owner: _____ (if different than applicant) Address: _____ Phone: _____ | Property Owner: _____ (if different than applicant) Address: _____ Phone: _____ |
| Name of authorized person(s) to discuss or make changes to your account: 1. _____ 2. _____ | Name of authorized person(s) to discuss or make changes to your account: 1. _____ 2. _____ |
| Contracted Services: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage or <input type="checkbox"/> Garbage Cart Rental <input type="checkbox"/> Ambulance (optional) | Contracted Services: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Handload Garbage – Size _____ <input type="checkbox"/> Garbage Container Rental – Size/Frequency _____ |

Have you previously had water utilities with CITY OF CANTON YES NO

I request my residential address and telephone number be kept confidential unless disclosure required or mandated by law.

I ACCEPT FULL RESPONSIBILITY FOR THE PAYMENT OF ALL CHARGES INCURRED UNTIL SUCH TIME AS I NOTIFY THE UTILITY OFFICE IN WRITING OF MY INTENT TO CANCEL SERVICE. I ACKNOWLEDGE THAT ANY TAMPERING WITH THE METER IS ILLEGAL AND USE OF WATER WITHOUT AUTHORIZATION SHALL BE PROSECUTED. I WILL NOTIFY THE UTILITY OFFICE OF ANY CHANGES IN MY CONTACT INFORMATION, REQUESTED CHANGES TO SERVICE, OR ANY SERVICE OR BILLING INQUIRIES.

Customer Signature _____

Date _____

Customer's DL# (A copy of driver's license is required) _____

REQUESTED CONNECT DATE: _____

| | | | |
|-----------------------------------|-------------------------|-----------------------|------------------|
| <u>FOR OFFICE USE ONLY</u> | | | |
| Account # _____ | Meter # _____ | Meter Size _____ | Multiplier _____ |
| Date Paid _____ | Deposit Amount \$ _____ | Cash _____ | Check _____ |
| | | Credit Card No. _____ | |