



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: _____ _____	Property Owner: (if different than applicant) Address: _____ _____
Phone: _____	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: _____

FOR OFFICE USE ONLY			
Account # _____	Meter # _____	Meter Size _____	Multiplier _____
Date Paid _____	Deposit Amount \$ _____	Cash <input type="checkbox"/> Check <input type="checkbox"/>	Credit Card No. _____