

City of Cleveland
Residential Utilities Service Application

Single or **Joint** account (Both parties must be present for joint account)

Own (Must provide proof of ownership) **\$150 Deposit + \$25 Meter Fee**

Personal Residence Rental Property

Rent (Must provide signed Rental/Lease Agreement) **\$300 Deposit + \$25 Meter Fee**

Landlord's name: _____ Phone: ____-____-_____

Service Address: _____

Mailing Address: _____

Account Holder: _____

TX DL or ID: _____ SS#: _____

Home Phone: ____-____-_____ Cell: ____-____-_____

Employer: _____ Work: ____-____-_____

Have you previously had water service with the City of Cleveland? Yes No

Secondary Account Holder: _____

TX DL or ID: _____ SS#: _____

Cell: ____-____-_____

Employer: _____ Work: ____-____-_____

Have you previously had water service with the City of Cleveland? Yes No

Emergency Contact (Not at This Address): _____

Address: _____ Phone: ____-____-_____

In accordance with House Bill No. 859, passed by the State Legislature and effective September 1, 1993, our customers have the right to request that we do not disclose certain confidential information. This personal confidential information consists of your address, telephone number and social security number.

Please indicate, in the appropriate blank, your selection with regard to disclosure of your personal information.

___ Yes, I would like my personal information kept confidential

___ No, it is not necessary to keep my personal information confidential

By signing below, I certify that the above information is true and complete as of this date. I understand that it is a crime to provide false information for the purpose of obtaining utility services and if it is found that any of the above information is incorrect, services will be disconnected and the deposit will be refunded without notice. I also agree to adhere by the policies and ordinances established by the City of Cleveland.

Account Holder Signature: _____ Date: _____

Secondary Holder Signature: _____ Date: _____

For Office Use Only

✓ Account # _____	Deposit Receipt # _____
✓ Completed scan for delinquent bills (initial): _____ By Name _____ By DL# _____ By SS# _____	
✓ Separate utility bill in their name for same address (attach a copy or provide account #)	
✓ Type of Bill _____ Account # _____	