



City of Columbus, Texas
Application for Utility Services

(Please print or type.)

Account#: _____

Service (Physical) address: _____

Type of property as this address: House [] Mobile Home [] Apartment [] Commercial []

Utility services requested/required: Water [] Sewer [] Gas [] Garbage []

When would you like the requested utility services to start? Date: _____ Time: _____

Billing Address: _____

Name on Account: _____

Home Phone: _____ Other Phone: _____ Date of Birth: _____

Social Security No: _____ Driver's License No: _____

Employed by: _____ Work Phone No: _____

Co-applicant's Name: _____

Social Security No: _____ Driver's License No: _____

Check here if you are buying or own this property. []

Check here if you are renting/leasing this property. []

Check here if you would like your information to be confidential. []

Landlord's Name: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you or co-applicant presently have any utility service accounts with the City of Columbus? Yes [] No [] If yes, at what address (es)? _____

Neither I nor my spouse, to the best of my knowledge, owe the City of Columbus for past utilities. If the City's records indicate that there is a past delinquent utility bill owed by myself or spouse, I understand that I will be required to pay the total amount due in order for utilities to be connected or to avoid my service from being disconnected. Also, should my utilities be terminated at any time, I will agree to pay the delinquent amount in full prior to my utilities being reinstated.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Reference Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Use Only

Effective Date of Service _____

Water Deposit \$ _____ Gas Deposit \$ _____ Garbage Deposit \$ _____ Sewer Deposit \$ _____

Service Order No: _____ Copy of Driver License Yes [] No [] Entered in Computer Yes [] No []