

**CITY OF AMARILLO UTILITY BILLING
APPLICATION FOR SERVICE**

ACCOUNT # _____ Service Date: _____
SERVICE ADDRESS _____

FULL NAME (PRINT): _____ PHONE: _____

MARRIED: _____ UNMARRIED: _____ SEPARATED: _____ DATE OF BIRTH: _____ DL#: _____ SS#: _____
LAST FIRST MIDDLE

EMPLOYED BY: _____ AS: _____ Home/Work Phone#: _____

SPOUSE'S NAME: _____ EMPLOYED BY: _____ I.D. _____

MAILING ADDRESS: _____ RENT _____ OWN _____ LAND USE CODE: _____

AC CONTACT: _____ DEPOSIT: _____

PREVIOUS SERVICE
IN AMARILLO: YES _____ NO _____ WHEN: _____ WHERE: _____

UNDER WHAT NAME (IF NOT SAME AS ABOVE): _____ LAST PREVIOUS ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY: _____

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AS PURSUANT TO CITY
ORDINANCE 18-2-18.

DATE: _____ SIGNATURE: _____
NAME ADDRESS RELATIONSHIP PHONE