CITY OF RICHMOND UTILITY SERVICES

402 Morton Street Richmond, TX 77469 (281) 342-5456 (281) 232-8626 Fax



APPLICATION FOR UTILITY SERVICE

Service Start Date:			
Name of Applicant(s):			
Name of Person(s) who may make inquiries/payment	s on my utility account: _		
Service Address:			
Request Waste Receptacle (Poly Cart): Yes ** Garbage service is not provided by the City of Ric			No
Previous Address:			
(Provide address, if y	ou previously had service wi	th the City of Richmond	(k
APPLICANT'S INFORMATION			
Mailing Address: (If different from service address			
·			
Primary Telephone Number			
Driver's License Number	State:		
E-Mail address (Please print clearly):			
House Bill 859 (Open Records Act) gives you the right to request number) not be made available to the public. You may exercise		on, (address, telephone n	number and social security
I request that my personal information be kept confident	al: Yes No		
I understand that the City will begin water service by making a served. I understand that the City will not have access to any b leaks inside the building. If there are any open faucets or wat responsible for any damages arising there from.	ilding served and will not dete	ermine if there is any ope	n faucets or water system
Pursuant to the FTC Red Flag Policy, Implementing Section 114 be submitted to our office: Copy of Driver's License and Agreement			-
I, the undersigned, fully understand that I am liable for any wal also understand that if the bill is not paid by the due date, a 10%	· ·		dress referenced above. I
Applicant's Signature	Date of Applicat	tion	
	OFFICE USE ONLY		
Entered Date:	NEW ACCOU	JNT#:	
Processed by:	DEPOSIT VER	RIFICATION:	_