



RESIDENTIAL UTILITY SERVICE APPLICATION
City of Sherman Utility Billing Department

DATE: _____
TIME: _____

LAST NAME		ACCOUNT #
FIRST NAME	MIDDLE	STREET #
SPOUSE		BILLING ADDRESS: STREET _____
NEWCOMER TO SHERMAN?		CITY _____ STATE _____ ZIP _____
PROPERTY OWNER'S NAME		EMPLOYMENT
STREET		SPOUSE EMPLOYMENT
CITY		
STATE	ZIP	DL#
PROPERTY OWNER'S PHONE #		SPOUSE DL#
APPLICANT PHONE #: WORK HOME		DO YOU WISH TO DONATE \$1 PER MONTH TO THE PRIDE FUND FOR PARK IMPROVEMENTS AND POLICE PROGRAMS? YES _____ NO _____
APPLICANT SIGNATURE		SPOUSE SIGNATURE

-AREA BELOW FOR OFFICE USE ONLY-

Trash pick-up days: M Tu W Th F S Commercial _____ Residential _____ # of cans _____ # of pick-ups _____ Misc, _____	BILLING INFO: _____ RES _____ COMM _____ IND _____ YARD _____ F.H. _____ Inside City Limits YES _____ NO _____	# OF UNITS WATER SEWER TRASH METER SIZE METER TYPE METER S/N METER READ DEPOSIT AMOUNT DEPOSIT #
RECEIVED BY: _____	DATE _____	
APPROVED BY: _____	DATE _____	

TURN WATER ON AT

TIME

DATE

Water cannot be turned on unless someone is at the residence because of the possibility of an outlet being open which can cause flooding of the premises.
An additional charge of \$15.00 will be made should a second trip by City Personnel be necessary to turn the water on.

Someone will be at home at the above time

Applicant Signature