

Account #: _____
Transfer from Acct#: _____

Todays Date: _____
Turn on date: _____

CITY OF BOWIE
304 LINDSEY
BOWIE TX 76230
940-872-1114
940-872-5702 fax

In Accordance with
City Ordinance #94-3

Non Refundable

\$25.00 Trip Charge

\$50.00 Service Connect Fee

APPLICATION FOR UTILITIES
24 HOUR NOTIFICATION REQUIRED

☐ Transfer

☐ New Service

Service Location _____

Is This Service Permanent _____ Temporary _____

Electric only _____ Water only _____ Both _____

Own _____ Rent _____ Landlord _____ Phone No. _____

Applicant Information:

Name _____ Spouse _____

E-Mail Address _____ Bill preference: E-Mail ___ Mail ___ Both ___

Mailing Address _____ City/State/Zip _____

Primary Phone _____ SS# _____ DL# _____

Spouse Phone _____ SS# _____ DL# _____

Has applicant had utilities with the city before? Yes _____ No _____

If yes, when _____

Names of other **ADULTS** living at this address: Put an x in the box if this Adult is allowed to make decisions on this account

☐ _____ Date of Birth _____
Phone _____ SS# _____ DL# _____

☐ _____ Date of Birth _____
Phone _____ SS# _____ DL# _____

☐ _____ Date of Birth _____
Phone _____ SS# _____ DL# _____

☐ _____ Date of Birth _____
Phone _____ SS# _____ DL# _____

Who will be responsible for payment of this bill?

Name(s) _____

Address _____

City/State/Zip _____

Applicants Employer: _____

Address _____ Phone No. _____

Closest relative not living with you and relationship:

Name _____ Relationship _____

Address _____

City/State/Zip _____ Phone# _____

Will the listed service location be used for?

Residential _____ Commercial _____ Industrial _____

Other than Residence, see Code Enforcement Officer for a **"Certificate of Occupancy"**

Name of Business _____

Business Phone No. _____

Businesses must have a **"Certificate of Occupancy"** prior to conducting business.

Would you like for this application to be kept confidential? _____

Would you like to receive reminder text when your bill is due? _____

Normal carrier rates may apply.

Applicant's Signature _____

I acknowledge the omission or falsifying of any information may result in the termination of my utilities. I also acknowledge that the home address & home phone number contained in this application are available to the public unless I request this information be kept confidential. Acceptance of utility service grants the City of Bowie the right to enter the property listed above to read, repair and /or inspect the utility meters.