

New Residential Account Application

Date	Service Address			
Customer Name	2 nd Name on Mailing Address (optional)			
Customer Information				
Home Phone Number	Cell Phone Num	ber	Email Address	
Mailing Address				
City	State		ZIP Code	
		#		
DOB		Utility Billing Account Number		
Driver License		[Water]	[Sewer]	[Garbage]
Employer Name and phone number		[Deposit Paid	d] [Ach Waiver] [Lo	etter of Credit]
Second Contact name and phone number		[Turn On Fee	Paid] [Turn	On Fee Billed]

By submitting this application, you agree that the City of Gatesville or its agents, representatives, or attorneys may use any phone numbers, wireless devices or email addresses you have are submitting to contact you by direct or automated dialing equipment with live or pre-recorded messages for collection purposes.





^{*}Construction Water Rate-Six months maximum