



# UTILITY APPLICATION

**Must include a photo copy of driver's license or state approved identification card of the applicant and co-applicant (when applicable).**

DATE OF APPLICATION: \_\_\_\_\_ START SERVICE DATE: \_\_\_\_\_  
(NO SAME DAY OR WEEKEND/HOLIDAY SERVICE)

PLEASE CHECK ALL THAT APPLY:  OWN  \*RENT  RENTAL PROPERTY  COMMERCIAL  
\* RENTAL AGREEMENT MUST BE SUBMITTED WITH THIS APPLICATION

## RESIDENTIAL APPLICANT

NAME (LAST, FIRST, MI):		
SERVICE ADDRESS:		MAILING ADDRESS (if different):
DRIVER'S LICENSE:	SOCIAL SECURITY:	DATE OF BIRTH:
HOME PHONE #:	CELL PHONE #:	BUSINESS PHONE #:
EMAIL:		EMPLOYER NAME:

## RESIDENTIAL CO-APPLICANT

NAME (LAST, FIRST, MI):		
DRIVER'S LICENSE:	SOCIAL SECURITY:	DATE OF BIRTH:
HOME PHONE #:	CELL PHONE #:	BUSINESS PHONE #:
EMAIL:		EMPLOYER NAME:

## EMERGENCY CONTACT

EMERGENCY CONTACT:	PHONE #:
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## COMMERCIAL APPLICANT

BUSINESS NAME:	SERVICE ADDRESS:
CORRESPONDENCE ADDRESS:	3 <sup>RD</sup> PARTY BILLING ADDRESS (if applicable):
CONTACT NAME:	CONTACT PHONE #:
BUSINESS PHONE #:	CONTACT EMAIL:
DRIVER'S LICENSE OF OWNER/OPERATOR:	EIN NUMBER:

**MUST RETURN BOTH PAGES OF THIS APPLICATION**

### **Customer Service Department**

206 North Murphy Road • Murphy, Texas 75094 • Tel: 972.468.4100 • Fax 972.468.4104  
 Email: [customerservice@murphytx.org](mailto:customerservice@murphytx.org) Website: [www.murphytx.org](http://www.murphytx.org)



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The use of false information on this application shall be grounds for denial, suspension and/or termination of utility service. We report all of our customer's payment history to a Consumer Reporting Agency. Improper use of identifying information to obtain this service is a felony offense, in violation of Texas Penal Code § 32.51, "Fraudulent use or possession of identifying information." "Identifying information" under § 32.51 includes name, social security number, date of birth, and/or government-issued identification number.

You can request your personal information contained in our utility records not be released to unauthorized persons. Texas Utility Code requires Government operated utilities give their customers the option of making their address, telephone number, and social security number confidential. This service is provided at no cost to you.

PLEASE MAKE MY PERSON INFORMATION CONFIDENTIAL:     Yes     No

**Deposit requirements to establish service:**

- \$100 Owner Occupied Residential
- \$100 Commercial
- \$200 Residential Rental Property (Residential rental- provide copy of rental agreement with application.)

The deposit will remain on the account until the account is closed.

*All deposits must be paid prior to the start of service. If an application is submitted electronically, the requester will be contacted for payment via the phone number provided.*

Please initial that you have read and agree to the terms of the deposit.    **APPLICANT INITIALS:** \_\_\_\_\_

**You are responsible for safeguarding the waste service provider's trash and/or recycle cart(s). When you move, please assure the carts are turned over to the next occupant or owner so you are not charged for the carts after you depart.**

By signing this application, I expressly waive confidentiality and authorize the City of Murphy, its assignees, and third party collection agents working on behalf of the City of Murphy or its assignees to utilize all contact information I have provided in efforts to communicate regarding my account. This includes, but is not limited to, home telephone, cellular telephone, employment telephone, and any form of digital communications including but not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, emails, and/or automatic telephone dialing systems. This consent includes any form of contact to a number for a cellular phone or other wireless device, regardless of whether I incur charges as a result. I hereby grant permission and consent to the City of Murphy, its assignees, and third party collection agents working on behalf of the City of Murphy or its assignees to contact me at the address, on the telephone number(s), or via the email address I have provided for any purpose related to my account, including debt collection, by a live person or automated dialing device.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_    **DATE:** \_\_\_\_\_

(By signing this application, you are agreeing that all the above information is correct and this form has been completed in its entirety. Any incomplete applications will be rejected.)

OFFICE USE ONLY		
Account #:	Date Entered:	M/C    Visa    Cash    Check # _____
Confirmed Building has received C/O:    Y    N	Completed By:	Deposit Amount:

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