

OFFICE USE ONLY

NEW SERVICE (CUT IN)
Account #
Proof of Ownership
Rental Agreement Confirmed
Deposit Paid
Copy of ID Documents Scanned
Initials

Service Type (Check one): □ NEW SERVICE □ RE-ACTIVATING SERVICE

APPL	ICANT INFORMATION
Last Name:	First Name:
Service Address:	I
Mailing Address:	
Phone Number:	Email Address:
Driver's License No.:	Social Security No.:
Employer:	Employer's Phone No.:
SPOUSE/CO-	-APPLICANT INFORMATION
Last Name:	First Name:
Mailing Address:	<u> </u>
Phone Number:	Email Address:
Driver's License No.:	Social Security No.:
PLEASE CHECK THE APPLICABLE ITEM:	□ OWNER □ TENANT □ AGENT/REALTOR
If Renting, please provide Property Owner's Na	ame:
Property Owner's Address:	Property Owner's Phone No.:
*I authorize the City of Live Oak to give my Landlord, if requeste account (i.e. if my account is 30, 60, or 90 days past due)	ed, information regarding the status of my utilities
Tenant's Signature:	Date:
Tenant's Signature:	Request Start Date: AM/PM
Applicant's Signature:	Date:
Applicant's Signature:	Request Start Date: AM/PM
	□ WATER IS OFF □ SERVICE ORDER EMAILED eck one) □ PHONE CALL □ EMAIL INITIALS
ENDING METER READ: SERVICE ORDER	K CUMPLETED BY: