

For Utility Customer Service Use ONLY											
Account #:			ı						-		
UB Clerk:				Full Service			30-da	р	90-day Temp		

NEW LITH ITV SERVICE

					VV U I			SERVI					
Customer Name:							Co-Applicant:						
Social Security #:							Co-Applicant Social Security #:						
Driver's License #: Date of Birth:						Co-Applicant Driver's License #:			Co-Applica	Co-Applicant Date of Birth			
Customer Phone: Alternate Phon					one:			Co-Appli	cant Phone:	ant Phone:			
Service address: City:						ity.					Reminder A	lerts	
Service address.						City.				Phone	Text	None	
Mailing address:					Ci	City:				State:	Zip:		
Own		Rent	Landl	lord:			Phone:						
Start Dat	Date: Customer's Email Address:												
Paperle	ss Billi	ng	Yes	No									
			Sl	ERVI	CE T	RA	NSF	ER REC	UEST				
Customer Name:							Dri	ver's License N	umber:				
Address moving from:							l		Account Number (Completed by Utility Cust Svs				
Address moving to:									Account Number (Completed by Utility Cust Svs):				
Date to disconnect: Date to start:								Phone Numbe	er:				
Mailing A	Address:	City:			:			State:	Zip:				
				FINA	L SE	ERV	/ICI	EREQU	EST				
Custome	r Name:						Dri	ver's License N	umber:				
Service Address:					City:				State:	Zip:			
Date to disconnect: Cell Phone:					Alt Ph			Alt Phone Nu	Number:				
Forwarding Address:					City	y:			State:	Zip:			
accounts you choo	are con se so, y	ifidential a ou may fill	nd persona	l informat y disclosu	ion may re form t	not	be disc	Pursuant to T losed to anyo one not listed	ne not listed	on the acco	ount. How	ever, should	
Customer	Signatur	re:							Date:				
Co-Appli	cant Sign	ature:							Date:				
		2.0	01 Main St	A (rowlev	Teva	s 76036	6 A Pho	ne (817) 297	-2201			