

*City of Humble - Utility Billing*

Application for Service

114 W. Higgins – Humble, TX 77338

(281) 446-3061

Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_ email Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Person to contact in case of Emergency: (that does not live in the residence)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever had service with us? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES please give previous address: \_\_\_\_\_

House Bill 859 (Open Records Act) gives you the right to request that your personal information not be made available to the public. Please check below if you would like this information to be kept confidential.

I request that the above information be kept confidential: YES \_\_\_\_\_ NO \_\_\_\_\_

I, the undersigned, fully understand that I am liable for any and all water utility bills that may become due to the City of Humble at this service address and that any information on this application, including cell phone numbers, may be used in the effort to collect any monies due to the City of Humble on this account.

\_\_\_\_\_  
Signature of Responsible Party Date

Type of Service: \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Multi-Unit \_\_\_\_\_ # of Units

Deposit Amount: \_\_\_\_\_ Account #: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Meter #: \_\_\_\_\_