

CITY OF LIVE OAK UTILITY DEPARTMENT COMMERCIAL APPLICATION
8001 SHIN OAK DRIVE, LIVE OAK, TX 78233



DATE _____

OFFICE USE

ACCOUNT NUMBER _____ DEPOSIT AMOUNT \$ _____ SERVICE FEE _____

METER NUMBER _____ METER ID _____ METER READ _____

NAME OF BUSINESS _____ NAME ON ACCOUNT _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

PERSON RESPONSIBLE FOR PAYMENTS _____ PHONE NUMBER _____

BUSSINESS PHONE NUMBER _____ EMERGENCY NUMBER _____

BANK NAME, ADDRESS, AND PHONE NUMBER _____

OWNER OF PROPERTY _____ PHONE NUMBER _____

MAILING ADDRESS _____

Location of Fire hydrant or hydrants you expect to use _____

BUSINESS REFERNCES (NAME AND TELEPHONE NUMBER)

1. _____

2. _____

3. _____

I HEREBY CERTIFY THAT I UNDERSTAND THAT THIS IS A CREDIT APLICATION AND I ALSO CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PERSON RESPONSIBLE _____

NOTE: This form may be filled out elsewhere if necessary; however the person responsible for this account must sign this form in our office when the deposit is applied.
* The Service Application Fee is non-refundable and the deposit will be applied to the final bill when the account is closed.