

CITY OF BRECKENRIDGE
105 North Rose Avenue
Breckenridge, Texas 76424

FAILURE TO PROVIDE REQUESTED INFORMATION COULD RESULT IN DENIAL OF UTILITY SERVICES

THIS SECTION TO BE COMPLETED BY NEW CUSTOMER

Service Address: _____

Full Name: _____

Date of Birth: _____ Social Security #: _____

Driver's License or ID #: _____ State: _____

Mailing Address: _____ State & Zip: _____

Home Phone# _____ Cell#: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

List Names of People Living at this Address that are 18 Years or Older _____

Email Address _____

Receive City Updates- Y or N (Circle One)

Preferred Method of Contact - EMAIL OR TEXT (Circle One)

Prior Service in Breckenridge? _____ Yes _____ No (List Prior Addresses)

Prior Service Address _____ Prior Service Address _____

If Yes, Under What Name(s)? _____

Employer Name: _____ Employer Phone # _____

Employer Full Address: _____

SANITATION SERVICES REQUESTED: Number of Poly Cart(s) 1 2 3 (Circle Choice)

FOR OFFICE USE ONLY

Date Deposit Received: _____ Deposit #: _____

Account#: _____ Date Service Connected: _____

Comments: _____
