

# CITY OF LEFORS

**101 N. Court**  
Phone (806) 835-2200  
Fax (806) 835-2771

**P.O. Box 383**  
Lefors, Texas 79054  
Email: cityoflefors@yahoo.com

## APPLICATION FOR UTILITY SERVICE

Your account will be confidential unless otherwise noted.  
\_\_\_\_\_ (Please initial) I *do not* want my account information to remain confidential.

Date to Start Service: \_\_\_\_\_ Account No. \_\_\_\_\_  
*Will be issued by City of Lefors*

Service Address: \_\_\_\_\_ Buying: \_\_\_\_\_ Renting: \_\_\_\_\_

If renting, who is your landlord? \_\_\_\_\_ Phone: \_\_\_\_\_

### Applicant Information

Name of Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Identification

DL# or ID#: \_\_\_\_\_ State: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Co-Applicant Social Security#: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Co-Applicant Birth Date: \_\_\_\_\_

### Prior Service Information

Have you had utility services in Lefors before? No \_\_\_ Yes \_\_\_ Mo/Yr. Service: \_\_\_\_\_

Address: \_\_\_\_\_ Under what name: \_\_\_\_\_

**NOTICE:**

Federal and State law requires the City of Lefors to inform you, the customer, that the City does not maintain the natural gas line between the gas meter and where it connects to your house. It is **your** responsibility and it should periodically be checked for leaks and corrosion.

\_\_\_\_\_  
Customer's Initials

**TERMS OF SERVICE**

I, the undersigned, request the City of Lefors to furnish gas, sewer, water, and sanitation services at the above address and I agree to pay for such services at the regular rates set by the City Council.

The bill for such services is due and payable by the 20<sup>th</sup> of each month. All unpaid balances are subject to a 10% penalty after the 20<sup>th</sup> day of each month and are subject to disconnection of services if not paid in full by the 25<sup>th</sup> day of each month. If a service order is generated to disconnect a utility an administrative fee, as set by City Council, per utility will be assessed.

I understand that if I refuse to pay for service, the City may disconnect my service ***without notice*** until past due amount is paid in full. If service is disconnected, a reconnect fee, as set by City Council, per utility will be assessed. A \$35.00 service charge will be added to all returned checks, regardless of the reason.

I agree to abide by and consider as part of this contract any ordinance, rules and /or regulations set by the City concerning the operation and billing of all services.

I, the undersigned, do hereby certify that the information given above is true and correct.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
\_\_\_\_\_  
**Office Use Only**

*Deposit Amount:* Gas \_\_\_\_\_ Water \_\_\_\_\_

*Check No: & Amount* \_\_\_\_\_ *Credit Card Amount* \_\_\_\_\_

*Cash Amount* \_\_\_\_\_ *Receipt No.* \_\_\_\_\_ *Attached: Yes* \_\_\_\_\_ *No* \_\_\_\_\_

*Application Taken By:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Comments* \_\_\_\_\_  
\_\_\_\_\_