



CITY OF SAN MARCOS UTILITIES CONNECTION FORM

CUSTOMER OR BUSINESS NAME

CONNECTION DATE

DRIVER'S LICENSE # / STATE

SOCIAL SECURITY NUMBER OR EIN #

CONTACT PERSON (COMMERCIAL ACCOUNTS)
Optional - Name of Additional person authorized to discuss your account

CONTACT TELEPHONE

SERVICE ADDRESS

MAILING ADDRESS

CITY

STATE ZIP CODE

TELEPHONE (if different from contact #)

EMPLOYER

TELEPHONE

Initial Appropriate Box

THE SELECTIONS BELOW ARE OPTIONAL

I request that personal information (telephone number, address), which is contained in my utility records, be kept **Confidential**, and not released in the event of a public information request. I understand that State Law requires this information must be released to the authorized persons, upon request.
I understand that a \$5.00 one time administrative fee will be applied to my account for this service.

Bank Draft – I request that my utility payments be drafted from my bank account
(PLEASE ATTACH A VOIDED CHECK)

Bank Name

Bank Routing Number

Bank Account Number

Name (If different from utility customer)

I am over **60 years of age** and ask that my account be penalty exempt. Proof of age is required.

I request that my account be set up on the **Budget Billing Plan**

I request that my account be set up on the **Paperless Utility Billing Statements**
Email Address: _____

I request that my account be set up on the **Recurring Credit Card Plan**

CUSTOMERS SIGNATURE

DATE/TIME

City of San Marcos – Utilities Clerk

Date/Time

OFFICE USE ONLY

Deposit Information:

Electric

Water

Sewer

Garbage

Total Deposit Due: _____ Account Number: _____

Bill Date: _____ Due Date: _____ Disconnection Date: _____

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