



City of Canton
201 N. Buffalo St.
Canton, Texas 75103

CITY SERVICES APPLICATION

PLEASE PRINT and COMPLETE

City Hall: (903) 567-1841
After Hours: (903) 567-4991
Fax: (903) 567-1793

RESIDENTIAL	COMMERCIAL
Customer Name: _____	Business Name: _____
Spouse's Name: _____	Contact Name: _____
Service Address: _____	Service Address: _____
Mailing Address: _____ <small>(if different than service address)</small>	Mailing Address: _____ <small>(if different than service address)</small>
Email: _____	Email: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> INSIDE CITY <input type="checkbox"/> OUTSIDE Property Owner: _____ <small>(if different than applicant)</small> Address: _____ Phone: _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> INSIDE CITY <input type="checkbox"/> OUTSIDE Property Owner: _____ <small>(if different than applicant)</small> Address: _____ Phone: _____
Name of authorized person(s) to discuss or make changes to your account: 1. _____ 2. _____	Name of authorized person(s) to discuss or make changes to your account: 1. _____ 2. _____
Services provided: Water, Sewer (if available), Garbage pick-up with Cart (in City may choose hand-load), Ambulance and Flight for Life	Services provided: Water, Sewer (if available), Garbage pick-up (Identify collection option _____. Identify frequency _____.)

Have you previously had water utilities with CITY OF CANTON YES NO

I request my residential address and telephone number be kept confidential unless disclosure required or mandated by law.

I ACCEPT FULL RESPONSIBILITY FOR THE PAYMENT OF ALL CHARGES INCURRED UNTIL SUCH TIME AS I NOTIFY THE UTILITY OFFICE IN WRITING OF MY INTENT TO CANCEL SERVICE. I ACKNOWLEDGE THAT ANY TAMPERING WITH THE METER IS ILLEGAL AND USE OF WATER WITHOUT AUTHORIZATION SHALL BE PROSECUTED. I WILL NOTIFY THE UTILITY OFFICE OF ANY CHANGES IN MY CONTACT INFORMATION, REQUESTED CHANGES TO SERVICE, OR ANY SERVICE OR BILLING INQUIRIES.

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY

Customer Signature _____

Date _____

Customer's DL/ID# *(A copy of DL or ID card is required)* _____

REQUESTED CONNECT DATE: _____

FOR OFFICE USE ONLY

Date Paid _____ Account # _____ Processed by: _____
 Deposit Amount \$ _____ Cash _____ Check _____ CC _____ Service Order # _____