



Residential Utility Service Application

City of Big Spring
410 E 3RD St
Big Spring, TX 79720

Tel. 432-264-2542
Fax. 432-264-2527
www.mybigspring.com

(Please Print)

Today's Date: _____

Customer First & Last Name: _____ Middle Name: _____

Service Address: _____

Mailing Address: _____
(If different than service)

Driver's License#: _____ Social Security #: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____

(Spouse/Roommate must be present with I.D.)

Spouse/ Roommate Name: _____

Driver's License#: _____ Social Security #: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Please note that a Lease Agreement/Proof of Ownership, Photo Identification, Social Security Card and a deposit is required at the time of application for services. Before we determine your deposit amount, we will run a credit check. By signing below, you are hereby authorizing this procedure.

Section 182.052 of the Texas Utilities Code requires government-operated utilities to notify customers of their right to confidentiality. You are hereby informed that you have the right to request confidentiality of your account information.

Please Select One:

Yes-Request for Confidentiality

No- Do not request confidentiality

Section 182.001 through 182.005 of the Texas Utilities Code states that persons 60 or older utility accounts will not receive a 10% penalty until bill is past due by 25 days. Are you or authorized person on this account 60 or older, on SSI/ Disability?

Please Select One:

Yes-(Please provide proof of age or SSI/Disability Award letter)

No

Customer Signature: _____ Date: _____