



**CITY OF HUDSON OAKS**  
**APPLICATION FOR CITY UTILITY SERVICE**

210 N Lakeshore Dr.  
 Hudson Oaks, TX 76087  
 (682) 229-2400 FAX (682) 229-2429

**PRIMARY ACCOUNT CONTACT**

First Name | Last Name | Middle Initial

State | Driver's License Number | Social Security Number | Date of Birth

Home Phone | Work Phone | Email Address

**SECONDARY ACCOUNT CONTACT (IF APPLICABLE)**

First Name | Last Name | Middle Initial

State | Driver's License Number | Social Security Number | Date of Birth

Home Phone | Work Phone | Email Address

**SERVICE ADDRESS**

Own  Rent

Address | Ownership | Landlord's Name (If Applicable)

City | State | Zip Code | Landlord's Phone (If Applicable)

**BILLING ADDRESS (IF DIFFERENT THAN SERVICE ADDRESS)**

Address

City | State | Zip Code

**CITY USE ONLY**

Account Number

Service Fee	Deposit
<input type="checkbox"/> Paid	<input type="checkbox"/> Paid

**GENERAL INFORMATION**

Residential  Commercial  Yes  No

Service Type | Requested Connection Date | Trash Service (City Residents Only)

The undersigned hereby makes application to the City of Hudson Oaks for utility services currently offered and available by the City (Water, Sewer and Trash). The undersigned agrees to pay for said services as bills are rendered in accordance with the rates, rules and regulations as provided for by City Ordinance, and to abide by all rules and regulations as now existing or as may be enacted by the City. The undersigned further agrees to release and discharge the City from any liability for damages suffered from the provision of utility services, other than negligence by the City.

Signature | Date