

Hixson Utility District
New Customer Setup

Date: _____

Please complete the information below:

Requested Service Address	
Date Service Requested to Start	
Customer Full Name	
Home Phone Number	
Cell Phone Number	
Email Address	
Social Security Number	
Driver's License Number	
Tax ID Number	
Mailing Address	
Mailing Address City/State/Zip	
Initial Selection Please (SELECT ONE OPTION BELOW)	
	Service will not be interrupted. Read Meter and Leave On.
	Myself or my representative will be at the service address on the service start date. <u>Turn meter on.</u>
	Myself or my representative will not be at service address on service start date, please <u>unlock the meter</u> and <u>leave it off.</u> (I understand that I will need to turn the meter on. A \$25.00 service fee will be assessed for Hixson Utility personnel to come back to turn on.)
	It is not convenient for me or my representative to be at the service address personally. This will constitute your authority to cut on the service in our absence and we agree to hold you harmless from any and all claims for damages to the person or property of the undersigned, or any others, including costs, expenses, attorney's fees, etc. incurred in the defense thereof as well as any liability arising therefrom and hereby waive any and all rights with respect to claims for any such damages.

Customer Signature _____