



TROPHY CLUB MUNICIPAL UTILITY DISTRICT No. 1

Portable Meter Application

Meter Number

Effective Date

NEW ACCOUNT INFORMATION

Account #: _____ Meter Reading: _____

Account Name: _____ Work Order #: _____

Billing Address: _____

City/State/Zip: _____

Billing Contact: _____ Phone: _____

Site Contact: _____ Phone: _____

Applicant Name: _____ Phone: _____

Tax ID#: _____ E-Mail: _____

OR

Driver License #: _____ State: _____ DOB: _____

Deposit Amt: _____ Date Paid: _____ Check#: _____

Advised of Deposit: _____ Copy of D.L.: _____ Completed Service Agreement: _____

Comments: _____

FINAL BILLING INFORMATION

Notified By: _____ Work Order#: _____

Date Meter Returned: _____ Final Meter Read: _____

Comments: _____