

PERMISSION FORM TO ALLOW CONNECTION/DISCONNECTION



**CITY OF LAMPASAS
PUBLIC UTILITIES**
312 East Third Street, Lampasas, Texas 76550
512-556-3641/fax 512-556-2074

CUSTOMER INFORMATION:

Customer(s) Name: _____

Customer(s) Address: _____

Customer Account # _____

I, _____, state that I am the occupant at the above address and request to allow _____ to fill out the paperwork and sign the connect/disconnect for me in my absence.

I understand that I am allowing another person to act on my behalf in my absence and all information provided is true and correct to the best of my knowledge.

Signature of Customer

Date

OFFICE USE ONLY:

Date: _____

Clerk: _____

Account updated: _____