

**City of Henderson
DEPARTMENT OF UTILITY SERVICES**



City Hall Office
240 Water Street
PO Box 95050, MSC 125
Henderson NV 89009

Customer Service Phone: (702) 267-5900
Fax: (702) 267-5901

Application for Service

<input type="checkbox"/> Date Service to Begin: (Actual date, NOT ASAP)	Service Address: <input type="checkbox"/>	Today's Date: Zip Code:
<input type="checkbox"/> Responsible Party (Please include a clear copy of a Photo ID)		
Last Name _____ First Name _____ Middle Name _____		
Date of Birth: _____		
Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Property Mgr <input type="checkbox"/>		
<input type="checkbox"/> 2nd Responsible Party (Required only if you want a second person on your account. Include clear copy of Photo ID if adding 2nd party)		
Last Name _____ First Name _____ Middle Name _____		
Date of Birth: _____		
Owner <input type="checkbox"/> Tenant <input type="checkbox"/>		
<input type="checkbox"/> Mailing Address (If different from service address)		
Street/PO Box _____		
City _____ State _____ Zip _____		
<input type="checkbox"/> Residential Phone #	Business Phone #	Cell #
Email Address: _____		
<input type="checkbox"/> Would you like an application for Direct Pay? YES <input type="checkbox"/> NO <input type="checkbox"/>		
PIN # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="checkbox"/> Do you have service or have you had prior service with the City of Henderson? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Prior Zip Code: _____		
If yes, please list address: _____		
Balance Owing: \$ _____ (Initial) _____ Date of Disconnect: _____		
<input type="checkbox"/> <i>I agree to pay for all charges billed to me, for which I am responsible.</i>		
Signature _____ Date _____		
Signature _____ Date _____		

FOR OFFICE USE ONLY		
Received by: _____	Service Order # _____	
Deposit Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Deposit Amount \$ _____	Location #	Cycle #
	Account #	