

**Possible Service: Request Form**

**Riverside Special Utility District**

**P.O. Box 194  
Riverside, Texas 77367  
Office (936) 594-5793  
Fax (936) 594-3537**

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Service needed: New Service \_\_\_\_\_ Reconnect \_\_\_\_\_ Temp Service \_\_\_\_\_

Location of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **County:** \_\_\_\_\_

**Easement required: \_\_\_\_\_ if so, get applicant to sign the easement papers and Attach to the application.**

<b>New Service</b>	<b>Reconnect</b>	<b>Temporary Service</b>
Deposit 200.00	Deposit 200.00	72 Hours \$75.00
Meter Install 750.00	Reconnect 40.00	
<b>Total.....950.00</b>	<b>Total.....240.00</b>	<b>Total..... \$75.00</b>

**C.S.I. \$25.00**

If road bore required, cost will be determined by contractor per job (to be bid)

Line Locate Needed: Yes \_\_\_ No \_\_\_ (If "yes" date called into Dig Test, Etc.) \_\_\_\_\_

Date

Confirmation Number: \_\_\_\_\_

CSI Inspection Needed: Yes \_\_\_ No \_\_\_

Mobile Home \_\_\_\_\_ New Construction \_\_\_\_\_ home

\*\*\*\*\* If new service is on mobile home no CSI will be charged.

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

General Manager: \_\_\_\_\_

Customer Signature \_\_\_\_\_

The following information is requested by the federal government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you chose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

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- |   |   |   |                                   |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> White, Not of<br>Hispanic Origin | <input type="checkbox"/> Black, Not of<br>Hispanic Origin | <input type="checkbox"/> American Indian<br>or Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian or<br>Pacific Islander     | <input type="checkbox"/> Other<br>Specify _____           | <input type="checkbox"/> Male                                 | <input type="checkbox"/> Female   |