



# Tamms New Service Application

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

Primary Account Holder: \_\_\_\_\_

Physical Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

\*If you are not comfortable providing us with your social security number, your driver's license number can be used instead.

Date of Birth: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR PAYMENT OF NATURAL GAS SERVICE.

Employer Name: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Name - Joint Account Holder: \_\_\_\_\_

Please Select One:    Secondary:                       Authorized:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please complete and mail to:

Liberty  
Attn: Billing Dept.  
2751 N. High St.  
Jackson, MO 63755



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