



1840 Highway 87 • P.O. Box 1398 • Crystal Beach, TX 77650  
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## CUSTOMER DUPLICATE BILLING FORM

***This form must be completed by the account holder.***

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

Account No.: \_\_\_\_\_

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

Name of Person Making Request: \_\_\_\_\_

Please complete the following information for duplicate bill:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tele.: (    ) \_\_\_\_\_ Work Tele.: (    ) \_\_\_\_\_

I hereby certify that I am authorized to set up duplicate billing for the above referenced account. I understand that there will be a charge of \$2.00 for each duplicate bill and I agree to pay this charge. I further understand that this charge will apply to both regular bills and final bills.

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