Permit	No		
rennit	INO.		





## P.O. Box 808 Centerville, TX 75833 Office (903) 536-3158 Fax (903) 536-1021

Email: Permits@co.leon.tx.us

Name	e of Owner:	Phone:				
Mailin	ng Address:	City & Zip:				
Name	e of Applicant:	Phone:				
Relatio	ionship to Owner:					
Mailin	ng Address:	_City & Zip:				
Leon (	County 911 Address:					
This el	electrical connection will serve: (Please check al	l that apply)				
Existing ResidenceNew ConstructionOther (Please describe)						
(Please	e check electric provider and enter Account or ESI Num	iber)				
	☐ Oncor # (ESI)					
	Navasota Valley Electric Coop #					
	Houston County Electric Coop #					
	Entergy #					
Name	e on Electrical Billing Account:					
<b>PLEA</b>	ASE READ!	\$30.00 fee due at time of application.				
	stating that I will install an electrical service in comp	of the owner, understand in the process of applying liance with current state and county regulations that My valid, correct 911 address is				
****	*****For your permit to be p *Save and email the form to: permits@co.leon.tx.us aft	rocessed correctly ***** er you have completed the PAY PERMIT form****				
	or					
	Signature of Owner or Applicant					
FOR OF	FFICE USE ONLY:					
	☐ Oncor ☐ Navasota Valley Electric Coop  DATE ISSUED: ISSU					
	CASH/CHECK/ONLINE:	_ DATE PAID:				