



RESIDENTIAL WATER & SEWER SERVICE

Service Address: _____

Date: _____

Applicant	
Name:	
Mailing Address:	
City, State, ZIP	
Phone:	DOB:
DL#	SS#
Email:	
Employer:	
Address:	
City, State, ZIP	
Phone:	Years Employed:

Co-Applicant	
Name:	
Mailing Address:	
City, State, ZIP	
Phone:	DOB:
DL#	SS#
Email:	
Employer:	
Address:	
City, State, ZIP	
Phone:	Years Employed:

Do you request confidentiality of your "Personal Information"?

☐

Yes

☐

No

Applicant's Nearest Relative:

Name: _____

City, State, ZIP: _____

Phone: _____

Relationship: _____

By signing this application, I acknowledge and understand that failure to pay the utility bills by the due date will incur a late fee of \$15.00. If the utility bill is not paid within 15 days of the due date, service shall be discontinued. Service will be restored only after payment of all charges; service fees and deposit (if applicable) are paid in full. (Utility Ordinance Section 23). In the event the customer's account is referred for outside collection assistance, the customer agrees to pay all reasonable collection costs, attorney fees and those of authorized agents. _____ / ____ (Please initial.)

Signature

Signature

OFFICE USE ONLY:

Account Number: _____ Received By: _____ Date Paid: _____

Deposit: _____ Check for unpaid balance: _____

Owner: _____ Renter: _____ Copy of ID: _____ Lease/Warranty Deed: _____

Passed Inspection: _____ Oncor: _____ Atmos: _____ Republic: _____