RESIDENTIAL SERVICE APPLICATION  APPLICANT INFORMATION				
Applicant Name (last name, first, middle initial):				
	Are you leasing the	property? Yes No (Circle one)		
		NOT FILL IN-PLEASE FAX IN		
	Applicant Phone			
Social Security #: DO NOT FILL IN-PLEASE FAX IN	Applicant Phone :	#1. FIIOIE #2.		
Billing Address (if different from Service Address:				
City:	State:	ZIP Code:		
Email Address:				
Spouse/Roommate (Last name, first, middle initial):				
Driver's License or ID# DO NOT FILL IN-PLEASE FAX IN	Date of Birth: DO N	NOT FILL IN-PLEASE FAX IN		
Social Security #: <b>DO NOT FILL IN-PLEASE FAX IN</b>	Phone #1:	Phone #2:		
the applicable fee schedule rates under the terms and coramended.  I fully understand that there will be monthly fix			<u>on</u>	
my account whether services are used or not.				
I understand that a deposit is required with the ar credit history.	mount being bas	sed on the size of the meter or past account		
I understand that there will be a \$20.00 non-refur costs related to opening an account.	ndable activation	n fee for each meter to cover maintenance an	ıd	
I understand that a responsible person must be pr	resent for the wa	ater meter service to be turned on.		
I understand that if no one is home the water met customer service to have my service connection reschedu		urned on and it is my responsibility to contact		
I understand that if I contact Customer Service to service connection thereafter will include a \$15.00 return		ces connected for a 3 <sup>rd</sup> time that any attempt	for	
I agree that the described service location will be	(circle a	pplicable purpose)	ly,	
and that the utility services are provided for utilization by	occupants at the	e service location only.		
I understand the City has the right under applicab and or solid waste pick up to the described service location I fail to timely pay after notice for utility services provided	on or to any othe	er location where I receive City utility services		

I understand that the City may refuse service at a new location if I am delinquent on any utility account with the City.			
I agree to abide by and consider as part effect or as may be amended or adopted in the f	of the contract any applicable ordinance, rule and regulation now in future.		
I agree to keep all plumbing and plumbin promptly stop leaks.	ng fixtures at the described location in good repair and serviceable, and to		
	y onto and across property at the service address to access utility meters ss, as reasonably necessary to provide utility services.		
I acknowledge that the utility meters are property of the City, and that they may be installed, turned on or off, idjusted, repaired, operated or removed only as authorized by the City.			
Environmental Quality, terminate service to me a	pliance with applicable Utility Regulations of the Texas Commission on after notice for nonpayment or other service contract violation; or in cility service to the described service location without advance notice to ardous condition.		
Applicant Signature:	Date:		
Co-Applicant Signature:	Date:		
OPTIONAL TELECOMMUNICATIONS AUTHORIZATION			
resolution or collection of any amounts due, that undersigned by telephone at any telephone num which could result in charges to the telephone ac	its of enhanced communication, convenient service of the account or for t the city or its employees or contractors (the "Utility") may contact the ober associated with the account, including wireless telephone numbers, occount. It is agreed that the Utility may also contact the undersigned essages, using any email address provided to the Utility. Contacts may and the use of automatic dialing.		
Applicant Signature:	Date:		
Co-Applicant Signature:			
For Office Use Only:			
Account #			
Deposit Amount: (Water)	(Irrigation)		
Start Date: Connection	Time:		
CSR:Date: _			