

APPLICATION FOR COMMERCIAL WATER SERVICE

ACCOUNT NO: _____ **DEPOSIT AMT:** \$ _____

(1) BUSINESS NAME: _____ (2) PHONE NO: _____

(3) SERVICE ADDRESS: _____

(4) MAILING ADDRESS: _____

(5) CITY: _____ (6) STATE: _____ (7) ZIP CODE: _____

(8) OWNER OF BUSINESS: _____

(9) OWNER(S) OF PROPERTY LOCATION, IF DIFFERENT: _____

(10) TYPE OF BUSINESS: _____

(11) IS YOUR BUILDING A NEW OR EXISTING STRUCTURE? _____

(12) HAS THE ABOVE NAMED BUSINESS EVER HAD WATER SERVICES IN THE CITY OF CROCKETT? (CHECK ONE) YES () NO ()

IF YES, WHEN? _____

(13) DO YOU WANT AMBULANCE SERVICE? (CHECK ONE) YES () NO ()

(14) (INITIAL) _____ THE CITY OF CROCKETT IS NOT LIABLE FOR DAMAGES INCURRED WHEN SERVICE IS CONNECTED AND THERE IS A WATER LEAK ON THE PROPERTY.

(15) (INITIAL) _____ PROVIDING ANY FALSE INFORMATION MAY SUBJECT YOU TO TERMINATION OF WATER SERVICE.

THE WATER METER DEPOSIT WILL BE: \$ 200.00

ADDITIONAL WATER DEPOSITS MAY BE REQUIRED. SHOULD THE DEPOSIT AMOUNT BE INSUFFICIENT TO PAY AN AVERAGE MONTHLY BILL, OR IF EXPERIENCE HAS PROVEN THAT A CONSUMER DOES NOT PAY WATER BILLS PROMPTLY AND AS DUE, OR IF THE CONSUMER APPLYING FOR SERVICE CANNOT SHOW SUFFICIENT ABILITY TO PAY FUTURE BILLINGS, THE CITY ADMINISTRATOR MAY REQUIRE THE METER DEPOSIT TO BE IN ANY SUM HE OR SHE DEEMS NECESSARY TO PROTECT
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IF THE CONSUMER APPLYING FOR SERVICE CANNOT SHOW SUFFICIENT ABILITY TO PAY FUTURE BILLINGS, THE CITY ADMINISTRATOR MAY REQUIRE THE METER DEPOSIT TO BE IN ANY SUM HE OR SHE DEEMS NECESSARY TO PROTECT THE CITY FROM UNPAID WATER AND SEWER BILLS.

I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I DO UNDERSTAND BY SIGNING THIS APPLICATION I AM RESPONSIBLE FOR THE WATER/SEWER AND GARBAGE BILL.
(INITIALS _____)

SIGNATURE OF APPLICANT
(Must be at least 18 years old)

DATE (MM/DD/YY)

DRIVERS LICENSE NO. _____

SS# ____ - ____ - _____