

CUSTOMER # _____ ACCOUNT# _____ DEPOSIT AMT: \$ _____
RECEIPT # _____ MAILING CODE: _____

APPLICATION FOR WATER/SEWER/GARBAGE SERVICE

ACCOUNT NAME: _____ PHONE NO. _____

MAIDEN NAME: _____ SERVICE ADDRESS: _____

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) _____

CITY: _____ STATE: _____ ZIP CODE: _____

ARE YOU TURNING WATER ON FOR YOU OR FOR SOMEONE ELSE? _____

LIST ALL PERSONS 18 YRS OR OLDER LIVING AT THIS LOCATION: _____

WILL YOU BE LIVING IN THE HOUSEHOLD? YES () NO ()

DATE OF BIRTH: _____ SS#: ____-____-____

PICTURE ID # OR DRIVER'S LICENSE # _____

EMPLOYED BY: _____ PHONE # _____

MARITAL STATUS: (CHECK ONE) MARRIED () SINGLE ()

SPOUSE NAME: _____ SPOUSE (MAIDEN NAME): _____

SPOUSE SS #: ____-____-____ SPOUSE DL # _____

SPOUSE EMPLOYER: _____

NEAREST RELATIVE NAME: _____ PHONE NO. _____

RELATIONSHIP: _____

PLEASE CHECK ONE OF THE FOLLOWING:

DO YOU WANT AMBULANCE SERVICE? YES () NO () IF YES, AMBULANCE
SERVICE WILL COST \$ 4.00/MONTH, WHICH WILL BE ADDED TO YOUR WATER BILL.
DO YOU OWN () OR RENT () THIS PROPERTY?

IF RENTING YOU MUST PROVIDE A SIGNED COPY OF YOUR LEASE, OR WRITTEN NOTICE FROM THE PROPERTY OWNER, TO VERIFY YOU ARE THE TENANT OF THE RENTAL PROPERTY.

LEASE PROVIDED? YES () NO ()

NAME OF PROPERTY OWNER: _____

OWNER'S ADDRESS: _____ PHONE NO: _____

YOUR PREVIOUS ADDRESS: (ADDRESS FROM WHICH YOU ARE MOVING)

HAVE YOU EVER HAD WATER SERVICE IN THE CITY OF CROCKETT BEFORE? (CHECK ONE) YES () NO ()

IF YES WHAT WAS THE ACCOUNT NAME? _____

WHAT YEAR WAS SERVICE DISCONNECTED? _____

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

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

THE WATER METER DEPOSIT WILL BE: \$ 150.00

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 THE CITY FROM UNPAID WATER AND SEWER BILLS.

I CERTIFY, UNDER THE PENALTY OF PROSECUTION, THAT ALL OF THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT
(MUST BE 18 YEARS OLD)

DATE (MM/DD/YY)

SIGNATURE OF AGENT

DATE (DD/MM/YY)