



No. 15231

## APPLICATION FOR WATER SERVICE

Date: \_\_\_\_\_ Certificate of Occupancy number: \_\_\_\_\_

Account number: \_\_\_\_\_ Deposit: \_\_\_\_\_

Service address: \_\_\_\_\_

Date service will start: \_\_\_\_\_

### Applicant Information

Business or Residential account name: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Applicant phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Driver License number: \_\_\_\_\_ SSN/Business Tax ID \_\_\_\_\_

### Spouse or Other Occupant Information

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Driver license number: \_\_\_\_\_ Social Security number: \_\_\_\_\_

### Property Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Have you had service in White Settlement before? \_\_\_\_\_

If yes, under what name: \_\_\_\_\_

At what address? \_\_\_\_\_

\_\_\_\_\_ Check here if you want your name and address withheld from public inquiry

I, \_\_\_\_\_ do hereby affirm and certify that I am the legal tenant/owner of the above premise. Deposit represents a security for water, sewer and other monthly charges which may become due to the City of White Settlement.

**ALL SERVICES PROVIDED ARE BILLED A MONTHLY MINIMUM FEE REGARDLESS OF USAGE OR OCCUPANCY. I understand that I am responsible for all monthly charges, FAILURE TO RECEIVE A BILL DOES NOT EXEMPT ME FROM MONTHLY CHARGES OR LATE FEES.**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date