

APPLICATION FOR RESIDENTIAL SERVICE

Application requirements: valid Driver's License or legal ID card & property lease agreement or proof of ownership.

Today's Date: _____ Date Service Requested: _____

Name: _____ Service Address: _____

Mailing Address (if different from above): _____

Date of Birth: _____ Driver's License #: _____ State: _____

Social Security#: _____ Contact#: _____ Alt. Contact#: _____

Email Address: _____ Employer: _____

Spouse/Co-Occupant: _____ Date of Birth: _____ SSN: _____

Driver's License #: _____ State: _____ Email Address: _____

Last Service Address: _____

Name and address of local relative/friend: _____

Own: _____ Rent: _____ Name of Landlord: _____

I, the undersigned, agree to abide by the terms, conditions, laws, provisions and rules of the CITY in regulating and governing the water, sewer and/or garbage service now in effect, or that may hereafter be adopted.

I do hereby apply for the services provided by the City of Crosbyton. I understand that my deposit will be held until the service has been disconnected and then will be applied to the outstanding balance. I hereby understand that I will be legally liable for all debts incurred by receiving the services of the City of Crosbyton and hereby pledge my resources for the debt incurred above the deposit of \$ _____ that I am now tendering. I understand that the costs of the services are a legal debt. I also understand that should I or any other adult residing at my address have a delinquent account with any past utility provider the delinquency may be added to my current bill and a collection fee will be assessed.

I understand that pursuant to Texas Utilities Code 182.052, I have the right to request the City of Crosbyton not disclose my personal information (address, telephone number, social security number) to the public. I also understand the City is not prohibited under this law from disclosing personal information to public officials, or employees, a consumer reporting agency, a utility contractor, or sub-contractor or other utilities. I am requesting that the City keep the information confidential (check applicable option): _____ Yes _____ No

I understand that the City will begin water service by making a physical connection located at the meter outside the building to be served. I understand that the City will not have access to any buildings served and will not determine if there are any open faucets or water system leaks inside the building. If there are any open faucets or water system leaks that cause damage to the property, I agree not to hold the City responsible for any damages arising from there.

Applicant Signature: _____ Date: _____

Co-Occupant Signature: _____ Date: _____

***** OFFICE USE ONLY *****

Deposit Amount Pd: _____ Payment Method: Cash Check Credit Card

Account Number: _____ Officer Initials: _____ Date: _____

Receipt Number: _____ Senior Citizen: Yes No