



APPLICATION FOR WATER AND SEWER SERVICE

CUSTOMER INFORMATION *(please print)*

Customer Name *(Please Print)* _____

Service Address *(Please Print)* _____

Are you: Owner Tenant If Tenant, who is owner or agent? _____

Mailing Address *(Please Print)* _____ City _____ State _____ Zip _____

Previous Address *(Please Print)* _____ City _____ State _____ Zip _____

Business Address *(Please Print)* _____ City _____ State _____ Zip _____

Drivers License Number _____ State _____ Date of Birth _____

(____) _____ (____) _____ (____) _____
 Home Telephone Number Work Telephone Number Cell Telephone Number E-mail Address *(Please Print)* _____

In consideration of the Town of Highland Park, Texas furnishing the premises aforementioned with water and sewer services, I agree to pay said Town for sewerage disposal service and in addition thereto I agree to pay for all water furnished above mentioned premises according to meter readings and rates prescribed by the Town of Highland Park, Texas payable on or before the 15th of each month, until this agreement is cancelled by written notice to discontinue service filed with the Secretary and Collector of Waterworks by me; that the Town of Highland Park may, when necessary, discontinue without notice, and that neither the Town or the Secretary and Collector of Waterworks shall ever be liable to applicant for any damage by water or otherwise, resulting from defective plumbing, broken or faulty service of water and sewer mains, or resulting from any condition of the water itself of any substance that may be mixed with or be in the water furnished to the applicant.

It is agreed that on failure to pay said sums the Town may discontinue all water and sewer service from said premises in which event all payments made will be forfeited and in the event of a disconnection I will pay \$20.00 in addition for reconnection.

I further agree that any current of unpaid account accrued against me may be transferred to the new account for services herein applied for or to any other account in my name and upon such transfer; such account shall become a part of the new account or of any other account.

Applicant Signature _____ Application Date _____ Effective Date _____

| CUSTOMER SERVICE OFFICE USE ONLY | | | |
|----------------------------------|-------------------------------|--------------------------------|--|
| Deposit Amount _____ | <input type="checkbox"/> Cash | <input type="checkbox"/> Check | Deposit Number _____ Customer Number _____ |