

Utility Customer Service

Water Service Application

For office use only:	
CID:	
Deposit ☐ or LOC ☐	
Order bin 🗌	

Service Address:				
Mailing Address:		City:	State:	Zip:
(if different from service ad Own Rent	Date you would like service to start:		10-12	3-5
If renting, name of landle	•	Landlord's phone #		
l would like my accour	ot disclose any information on your account confidential meaning no information f Burleson to disclose the information	can be given to anyone exc	ept the applicant	•
Applicant Information				
Name:	Drivers license or tax ID #:			
	Primary phone number:		condary ne number:	
Place of Employment:		W	/ork # :	
Email address:			prefer to have yo Yes N	our bill emailed?
Co-Applicant Informat	<u>tion</u>			
Name:		Drivers license or to	ax ID #:	
Date of Birth:	Primary phone number:		condary ne number:	
Place of Employment:		W	/ork # :	
Email address:				
•	eank draft, please fill out the following ity of Burleson to make automatic wit		payment of my ι	ıtility bill.
Bank name:	Addres	s:		
Bank account #:	Routin	g #:		
	City of Burleson S	Service Agreement		
	City of Burleson S perty of the City. Only City personnel a perty be applied to your first bill	Service Agreement are allowed to turn the wat	ter off or on at th	ne meter.

- 2. A \$10.00 initiation fee will be applied to your first bill.
- 3. This account will remain active in your name until you contact us in writing to have the service discontinued.

Residential accounts:

- A deposit of \$135 or a letter of credit is required before water can be turned on in your name. The deposit is refundable after 12 consecutive on-time payments or it will be applied to your final bill, whichever comes first.

Commercial accounts:

- A deposit equal to an average 2 month balance at a comparable business is required to setup service or you can submit a letter of credit from a previous utility under the same company name with no late payments in the last 12 months of service with them.
- We also need a signed Commercial Water Service Agreement and a W-9.

Applicant Signature:	Date:	
Co-Applicant Signature:		