

City of Waxahachie
401 S Rogers St
Waxahachie, TX 75165
Office: (469)309-4170
Fax: (469)309-4173
Email: waterbillingapplication@waxahachie.com



APPLICATION FOR TEMPORARY WATER SERVICE (LANDLORD USE)

- | | |
|---|--|
| * Read and understand the application | * Provide a copy of Driver's License or State ID |
| * Print complete answers to ALL questions | * Be prepared to pay deposit |
| * Sign the application | * Proof of ownership |

PLEASE CIRCLE TYPE OF OFCU (On for Clean-Up): 2 WEEK (No deposit required) / 30 DAY (\$60 Deposit)

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____

DATE TO BE TURNED ON: _____ DATE TO BE TURNED OFF: _____

PRIMARY APPLICANT OR BUSINESS NAME: _____

SOCIAL SECURITY NUMBER OR TAX ID: _____

DRIVERS LICENSE NUMBER & STATE ISS: _____

D.O.B: _____

MOBILE PHONE: _____

HOME PHONE: _____

E-BILL: WOULD YOU LIKE TO OPT OUT OF PAPER BILLING AND RECEIVE AN E-BILL? YES / NO

EMAIL: _____

*Please keep in mind that OFCU accounts will be disconnected on the date specified above. If service is needed for longer than the scheduled disconnect date, it is the customer's responsibility to provide an updated application and the required deposit **BEFORE** the disconnection date. A new account fee of \$19 will be assessed **EACH** time the meter department has to go out to service the meter.

PLEASE CHECK ONE:

Under the Open Records Act, this information is public record and must be released unless the customer has requested confidentiality of the information in writing. "Personal Information" as defined by the statute means an individual's address, telephone number, or social security number. You have the right to request or rescind confidentiality of your personal information contained in our records. Please indicate your choice in the space below.

_____ I request confidentiality

_____ I waive confidentiality

APPLICANTS SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

ACCOUNT #:	SO # Connect	SO # Disconnect	INITIALS:
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