

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



- * Provide a copy of Driver's License or State ID
- * Be prepared to pay a deposit
- * Provide rental/lease agreement OR proof of purchase
- * New Account fee of \$19.00 will be billed on first bill

APPLICATION FOR WATER SERVICE

Please check: Residential **OR** Commercial

SERVICE ADDRESS: _____

MAILING ADDRESS (if different from above): _____

DATE TO BE TURNED ON: _____ (SAME DAY SERVICE IF EVERYTHING IS IN BEFORE 3:00PM)

PRIMARY APPLICANT OR BUSINESS NAME: _____
SOCIAL SECURITY NUMBER OR TAX ID: _____
DRIVERS LICENSE NUMBER & STATE ISS: _____
D.O.B: _____
PHONE NUMBER: _____
EMPLOYER: _____

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

EMAIL: _____

IF YOU WOULD LIKE AN ADDITIONAL CONTACT FOR YOUR ACCOUNT, PLEASE INCLUDE THEIR INFORMATION BELOW.

SECONDARY APPLICANT: _____
SOCIAL SECURITY NUMBER: _____
DRIVERS LICENSE NUMBER & STATE ISS: _____
D.O.B: _____
PHONE NUMBER: _____
EMPLOYER: _____
EMAIL: _____

Have you ever been a customer of the City of Waxahachie Water Department? YES / NO

If yes, where? _____

Does this property have a pump for pumping water out of the lake for irrigation purposes? YES / NO

******FAILURE TO RECEIVE BILL DOES NOT EXEMPT YOU FROM PENALTIES OR ANY OTHER FEES. ******

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 #	INITIALS:	RECYCLE BIN: YES / NO
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