City of Waxahachie
401 S Rogers St
Waxahachie, TX 75165
Office: (469)309-4170
Fax: (469)309-4173

APPLICATION FOR WATER SERVICE

* Read and understand the application
* Print complete answers to ALL questions
* Sign the application
* Provide a copy of Driver's License or State ID
* Be prepared to pay a deposit
* Provide rental/lease agreement OR proof of purchase

PLEASE CIRCLE TYPE OF SERVICE: (LANDLORD) 2 WK 30 DAY CONNECT DISCONNECT

SERVICE ADDRESS: _____
MAILING ADDRESS (if different from above):_____
DATE TO BE TURNED ON OR OFF:_____

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

**WOULD YOU LIKE TO OPT OUT OF PAPER BILLING?* YES / NO

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:_____
MOBILE PHONE:_____
HOME PHONE:_____
EMPLOYER:_____
EMAIL:_____

***Have you ever been a customer of the City of Waxahachie Water Department?**
If yes, where? _____

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

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 statue 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:

ACOUNT #:	SO #	INITIALS:	RECYCLE BIN: YES / NO