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

Fax: (469)309-4173

FOR OFFICE USE ONLY:

SO#

ACCOUNT #:



## **APPLICATION FOR WATER SERVICE**

If y	pes this property have a pump for pumping water out of the lake for PLEASE CHECONDUCTORY DISTRICTION OF THE PROPERTY OF THE PR	CK ONE:  ust be released unless the customer has requested confice statue means an individual's address, telephone number ality of your personal information contained in our recor	r, or social
If y Do	PLEASE CHECO  Under the Open Records Act, this information is public record and must the information in writing. "Personal Information" as defined by the security number. You have the right to request or rescind confidential indicate your choice in	CK ONE:  Ist be released unless the customer has requested confice statue means an individual's address, telephone number ality of your personal information contained in our record in the space below.	r, or social
If y Do	PLEASE CHECO Under the Open Records Act, this information is public record and must the information in writing. "Personal Information" as defined by the security number. You have the right to request or rescind confidential	CK ONE:  ust be released unless the customer has requested confice statue means an individual's address, telephone number ality of your personal information contained in our recor	r, or social
If y	pes this property have a pump for pumping water out of the lake for		
If y	•	· irrigation purposes? YES / NO	
If y	•		
На			
	ive you ever been a customer of the City of Waxahachie Water Depa	artment? YES / NO	
	EMAIL:		
	EMPLOYER:		
	HOME PHONE:		
	MOBILE PHONE:		
	D.O.B:		
	DRIVERS LICENSE NUMBER & STATE ISS:		
	SOCIAL SECURITY NUMBER:		
ı	IF YOU WOULD LIKE AN ADDITIONAL CONTACT FOR YOUR A	ACCOUNT, PLEASE INCLUDE THEIR INFORMATION	I BELOW.
	EMAIL:		
E-E	BILL: WOULD YOU LIKE TO OPT OUT OF PAPER BILLING AND RECEIVE	E AN E-BILL? YES / NO	
	EMPLOYER:	<del></del>	
	HOME PHONE:		
	MOBILE PHONE:		
	D.O.B:		
	DRIVERS LICENSE NUMBER & STATE ISS:		
	PRIMARY APPLICANT OR BUSINESS NAME: SOCIAL SECURITY NUMBER OR TAX ID:		
UΑ	ATE TO BE TURNED ON:		
	AILING ADDRESS (if different from above):		
	RVICE ADDRESS:		
CEI	DWCF ADDRESS.		
	* Sign the application	* Provide rental/lease agreement OR proof of purcl	hase
	* Print complete answers to ALL questions	* Be prepared to pay a deposit	
	* Read and understand the application	* Provide a copy of Driver's License or State ID	

**INITIALS:** 

RECYCLE BIN: YES / NO