

## APPLICATION FOR RESIDENTIAL WATER / SEWER / GARBAGE SERVICE

**INSTRUCTIONS:** Bring the completed form to the Water Office at 200 N.  $5^{th}$  Street M – F, 8:30-11:30 or 1-4:30, excluding holidays. To complete the form, you may: (1) print the form, hand write in the requested information, initial the acknowledgements and sign the form; or (2) save the form to your computer, type in the requested information, print the form, initial the acknowledgements and sign the form.

TO BE COMPLETED BY WATER OFFICE							
Customer #		Account #		Deposit			
Receipt #		Mailing Code		Lease			

## **REQUIREMENTS**

- Applicant must be 18 or older and must have valid picture ID
- If renting, must provide copy of lease (name of lessee must be same as applicant)
- Deposit of \$150 paid in full (no exceptions) by cash, check, money order, or credit/debit card

TO BE COMPLETED BY APPLICANT (Please Print Neatly or Type)					
Service Street Address:					
Mailing Address (if different):					
APPLICANT PERSONAL INFORMATION					
Name (First, MI, Last):					
Phone Number:	Date of Birth:				
Social Security #:	Driver License # or ID #:				
Maiden Name:		Marital Status			
SPOUSE PERSONAL INFORMATION (IF APPLICABLE)					
Name:	Maiden Name:				
Social Security #:	Driver License #	or ID #:			
NAMES OF ALL PERSONS 18 YEARS AND OLDER LIVING IN HOUSEHOLD					



## APPLICATION FOR RESIDENTIAL WATER / SEWER / GARBAGE SERVICE

TO BE COMPLETED BY APPLICANT (Continued)					
ADDITIONAL INFORMATION					
Name of Applicant's Employer:					
Employer's Phone #:					
Name of Applicant's Nearest Living Relative:					
Relative's Phone Number:					
Relative's Relationship to Applicant:					
Applicant Owns or is Purchasing Property  Applicant is Renting Property					
If Renting, Property Owner's Name and Phone #:					
Have you e	ver had water service in the City of Crockett?	☐ YES ☐ NO			
If yes, list any other names that you may have used:					
	ACKNOWLEDGEMENTS AN	D SIGNATURE			
(Initial)	I understand I will not receive my first bill for 30 of \$15.00 will be added to the first bill.	0 – 45 days and that a one-time service charge			
(Initial)	I understand that the City of Crockett is not liab on the property when service is connected.	le for damages incurred if there is a water leak			
(Initial)	I understand that providing false information o subject me to termination of water service.	withholding requested information may			
(Initial)	I understand that the City may require an addit unpaid water and sewer bills, including but not insufficient to pay an average monthly bill or w not paid promptly as due.	limited to when the deposit amount is			
I certify under penalty of prosecution that all information provided on this application is true and correct					
and that no requested information has been withheld.					
Applicant's Signature (must be 18 or older)		Date (mm/dd/yyyy)			
Water Office Representative's Signature		Date (mm/dd/yyyy)			