



3219 California Parkway
Forest Hill, Texas 76119

RESIDENTIAL WATER SERVICE APPLICATION

Date of Application _____

Service Address: _____

Mailing Address: _____

Applicant: (check one) Renter _____ Homeowner _____ Landlord _____

IF THE SERVICE ADDRESS IS NOT YOUR PRIMARY RESIDENCE PLEASE CHECK LANDLORD

Name: _____

Driver's license# _____

Social Security or Tax ID # _____ Date of Birth _____

Cell _____ Alternate Phone _____

Email _____

Signature: _____

Co Applicant Name _____

Driver's license#: _____ Social Security: _____ DOB: _____

Contact information for Billing Questions:

Name: _____ Phone: _____

If the applicant is a *renter* or *landlord* the deposit is \$160.00. Homeowners deposit is \$80.00. Commercial deposits \$100.00. Make your payments by calling 817-568-3030 using a debit or credit card. A 3% fee is applied.

For Office use only

Account Number: _____