

CITY OF WATAUGA APPLICATION FOR UTILITY SERVICE

7105 WHITLEY RD. WATAUGA, TEXAS 76148

FAX# 817-514-5895 / PHONE# 817-514-5705

ATTENTION PROPERTY OWNERS – PLEASE READ

**BEFORE RENTERS WILL BE GRANTED WATER SERVICE IN THEIR NAME AN
INSPECTION OF THE PROPERTY MUST BE OBTAINED.
FOR MORE INFORMATION, CONTACT 817-514-5843 OR 817-514-5839.**

TYPE OF DEPOSIT: _____ OWN \$100.00 _____ RENT/LEASE: \$160.00

OWNERS MUST SUBMIT proof of ownership/management papers &

RENTERS a copy of your lease agreement

**All paperwork along with payment must be received before service will be established
NO EXCEPTIONS!**

START DATE: _____ ACCOUNT# (OFFICE USE) _____

SERVICE ADDRESS _____

PLEASE PRINT:

NAME _____

(Last)

(First)

(Middle)

MAILING _____

(If Different Than Above)

(Street)

(City)

(State / Zip)

SOCIAL SECURITY NUMBER: _____ - _____ - _____ EMAIL: _____

DRIVERS LICENSE NUMBER & STATE: _____ DATE OF BIRTH: _____

EMPLOYMENT: _____ OTHER OCCUPANT: _____

WORK PHONE: _____ CELL/HOME: _____

CONTACT PERSON'S INFORMATION FOR PROPERTY PLACE IN A COMMERCIAL NAME

NAME _____ TAX ID#: _____

WORK: _____ HOME/CELL _____

RENTERS YOU MUST SUPPLY ALL LANDLORD INFORMATION

LANDLORD NAME: _____

ADDRESS: _____ PHONE: _____

IS THERE A TRASH CART/RECYCLE CART AT SERVICE ADDRESS? ____ YES ____ NO HOW MANY?

TRASH _____ RECYCLE _____

DO YOU WANT THE CITY TO WITHHOLD YOUR NAME/ADDRESS FROM PUBLIC INQUIRY?

____ YES ____ NO

HAVE YOU HAD SERVICE WITH WATAUGA BEFORE? ____ YES ____ NO

IF "YES" _____

LIABILITY RELEASE: I hereby release the City of Watauga from all liability in the event damages are sustained to property or contents due to water damage which may be caused by leaking pipes, open faucets or broken pipes. I hereby apply for the utility service. This service includes water, sewer, sanitation, drainage and recycling. I agree to pay the monthly service charges as these bills come due. Any bills not paid by the due will be subject to penalty charges and disconnect.

**IN ORDER FOR THE WATER TO BE TURNED ON BY THE CITY OF WATAUGA, SOMEONE
"MUST" BE AT THE RESIDENCE! IF NO ONE IS AT THE RESIDENCE, METER WILL ONLY BE
UNLOCKED AND RESIDENT WILL HAVE TO TURN METER ON.**

DATE _____ SIGNATURE _____

CREDIT CARD # _____ EXP. DATE: _____
VISA OR MASTERCARD ONLY **DO NOT FAX BACK WITHOUT CREDIT CARD INFO.**