

**CITY OF WATAUGA APPLICATION FOR UTILITY SERVICE**

**FAX# 817-514-5895**

**TYPE OF DEPOSIT: \_\_\_\_\_ 30 DAY \_\_\_\_\_ RENT/LEASE \_\_\_\_\_ OWN**

**(We will need proof of ownership or copy of the lease agreement, before service can be established)**

**START DATE:** \_\_\_\_\_ **(ACCOUNT # OFFICE USE)** \_\_\_\_\_

**NAME** \_\_\_\_\_  
(Last) (First) (Middle)

**SERVICE ADDRESS** \_\_\_\_\_

**MAILING** \_\_\_\_\_  
(If Different Than Above) (Street) (City) (State / Zip)

**SOCIAL SECURITY NUMBER** \_ \_ - \_ - \_

**DRIVERS LICENSE NUMBER & STATE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**EMPLOYMENT** \_\_\_\_\_  
(Company) (Street) (City / Zip)

**WORK** \_\_\_\_\_ **HOME/CELL** \_\_\_\_\_

**SPOUSE INFORMATION or SIGNIFICANT OTHER (If Applicable)**

**NAME** \_\_\_\_\_  
(Last) (First) (Middle)

**DRIVERS LICENSE NUMBER** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**WORK#** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**LANDLORD (If Applicable)**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**IS THERE A TRASH CART/RECYCLE BIN AT SERVICE ADDRESS?** \_\_\_ YES \_\_\_ NO

**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"

**ADDRESS** \_\_\_\_\_

**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** \_\_\_\_\_

**PLEASE FILL IN CREDIT CARD WHEN FAXING THE APPLICATION**

**CREDIT CARD #** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**ALL CREDIT CARDS WILL BE CHARGED A \$3.00 CONVENIENCE FEE**