

Residential Water Service Application

Applicant Information:

Name: _____

Spouse: _____

Service Address: _____

Mailing Address: _____

Employer: _____

Requested Service Date: _____

Own: _____ Rent: _____ If renting, please provide a copy of your lease or rental agreement.

Landlord Name & Phone #: _____ Party responsible for payment of bills: _____

SSN: _____ DOB: _____

DL# or ID#: _____ DL State or ID Type: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

I understand the City of Tennlle will search for any outstanding account balances in my name and/or the name of all members of my household. I understand by signing this application that I am agreeing to payment of any outstanding account balances identified through either a one (1) time payment before service starts or through the transfer of not less than \$25.00 per outstanding account per month.

Outstanding account balance payment election: _____ 1 time pmt. _____ Transfer _____ Amount Transferred

Signature: _____ Date: _____

Received by: _____ Date: _____

Copy of Lease attached: _____ Yes _____ No Amount of transfer amount if greater than \$25.00 _____

Finance Department Use Only

Any Outstanding Accounts? _____ No _____ Yes Elected payment method: ___ 1 time pmt. ___ Transfer

Transfer amount per month: _____ Amount of Service Deposit: _____

Outstanding account numbers: _____

Outstanding account balances: _____

Service Start Date: _____ Starting Reading: _____

New Account #: _____

Processed by: _____ Processed Date: _____