



Commercial Water/Sewer Application

Utility Billing Department
3805 Adam Grubb
Lake Worth, TX 76135
Office: 817-237-1211
Fax: 817-237-1333

| | |
|-----------------|------------------|
| Account Number: | Service Address: |
|-----------------|------------------|

Service is for: Domestic meter Irrigation Meter

| | | | |
|---|-------|-----------------|------|
| Applicant/Company Name: | | | |
| c/o or Attention to: | | | |
| Mailing Address: | City: | State: | Zip: |
| Phone: | Fax: | | |
| E-mail Address | | SS# or Tax ID # | |
| Additional Contact person authorized to inquire on account: | | Phone #: | |

I would like to donate \$1.00 per month to the City of Lake Worth Park Fund: Yes No

I wish for my personal information to be kept confidential: Yes No

I would like to receive my water bill via: mail only E-mail only Both mail & E-mail

TERMS OF SERVICE

1. Payment is due upon receipt, but no later than the 15th of each month.
2. All unpaid balances will receive a \$6.00 or 10% penalty, whichever is greater, after the 15th day of each month and are subject to disconnection of service.
3. If payment is not received by disconnect date a \$30.00 non-refundable connection charge will be assessed regardless of interruption of service.
4. A \$30.00 service charge will be added to all returned checks, regardless of the reason.
5. An additional \$50.00 will be added for service connected/reconnected after 4:00 pm or on weekends.
6. In order for water service to be connected if not currently on, you or your representative must be on the premises. **NO EXCEPTIONS.**
7. You will be fully responsible for any and all damages/tampering with the meter(s) that service this address.

I wish for service to be connected on: _____ 10:00 am - 12:00 pm 3:00 pm - 5:00 pm
(if paid by 9:00 AM) (if paid by 1:00 PM)

| | | |
|----------------------|---------------|-------|
| Applicant Signature: | Printed Name: | Date: |
|----------------------|---------------|-------|

OFFICE USE ONLY

| | | |
|---------------------------------|------------|---|
| Deposit amount: \$ | Date Paid: | Receipt Number: |
| Transfer fee (\$20.00) Paid on: | Date Paid: | Receipt Number: |
| Entered by: | Date: | <input type="checkbox"/> SA on file <input type="checkbox"/> WO done |
| Comments: | | |
| | | |