



Fire Hydrant Application

Utility Billing Department

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

Account Number:	Fire Hydrant #
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Location requested:

Applicant/Company Name:			
c/o or Attention to:			
Mailing Address:	City:	State:	Zip:
Phone:	Fax:	SS# or Tax ID #:	
E-mail:			
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: _____

Applicant Signature:	Printed Name:	Date:
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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:			