



# Residential 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:
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Service for: <input type="checkbox"/> Domestic Meter <input type="checkbox"/> Irrigation Meter	
<input type="checkbox"/> Home owner/Real Estate Agent <input type="checkbox"/> Renter (inspection expires _____ )	
<input type="checkbox"/> Transfer from _____ Acct # _____ disconnect on: _____	

Applicant/Company Name:			
Mailing Address:	City:	State:	Zip:
Home Phone:		Cell Phone:	
E-mail			
DL #:	DOB:	SS#:	
Employer:		Work phone number:	

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 15<sup>th</sup> of each month.
2. All unpaid balances will receive a \$6.00 or 10% penalty, whichever is greater, after the 15<sup>th</sup> 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  
For same day service choose: (if paid by 1:00 PM)

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:			