



CITY OF BURTON WATER & SEWER SERVICE

APPLICATION FOR SERVICES

DATE: _____ SERVICE ADDRESS : _____

ACCT # _____ MAILING ADDRESS: _____

EMAIL: _____

BUSINESS NAME (IF COMMERCIAL ACCT): _____

NOTE: IF YOUR BUSINESS OFFERS FOOD SERVICE, PLEASE CONTACT THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES FOOD LICENSING GROUP AT 512-834-6626.

LANDLORD NAME & PHONE NUMBER (IF RENTING): _____

APPLICANT _____

CO-APPLICANT _____

DL# _____

DL# _____

SS# _____

SS# _____

DOB _____

DOB _____

POE _____

POE _____

HOME # _____

HOME # _____

WORK # _____

WORK # _____

SIGNATURE OF:

APPLICANT: _____ CO-APPLICANT _____

IN CASE OF EMERGENCY, NAME AND PHONE NUMBER OF NEXT OF KIN:

NOTE: THE INFORMATION ON THIS APPLICATION IS PERSONAL AND CONFIDENTIAL.

Utility Bills are mailed on the 1st of the month. Balance is due on or before the 15th. Service is disconnected on the 27th if not paid. Garbage pick-up is on Tuesday. Trash MUST be roadside before 8am.

OFFICE USE ONLY

COLLECTED: _____ SERVICE APPLICATION _____ SERVICE AGREEMENT

GAVE APPLICANT: _____ RULES & REGULATIONS

COLLECTED REFUNDABLE DEPOSITS:	PROPERTY OWNER _____	NON-PROPERTY OWNER _____
	_____ \$75 WATER DEPOSIT	_____ \$125 WATER DEPOSIT
	_____ \$75 SEWER DEPOSIT	_____ \$125 SEWER DEPOSIT

Meter Number: _____

Beginning Meter Reading: _____

Route: _____

Sequence Number: _____

Office Personnel Signature: _____