501 MILLER STREET
P.O. BOX 578
ANAHUAC, TX 77514
PHONE: 409-267-6681
FAX: 409-267-6839



APPLICATION FOR RESIDENTIAL WATER SERVICE

Applicant's Name:			Phone:	
			:	
			Phone:	
Co-Applicant's Name:			Phone:	
Co-Ap	plicant's SSN:	DL:	·	
Co-Applicant's Place of Employment:		oyment:	Phone:	
	Select one	e:	enter □Garden Tap	
IF REN	ITER, PLEASE COMPLET	E THE FOLLOWING:		
Landlord: Phone:			Phone:	
Landlo	ord's Address:			
enter ensure or in co	rstand the City will provide the property to determine the property is service read nnection with the City's pro	water service by turning on a me if there are any open faucets or dy. I agree to release and hold h oviding water service to this prop	eter that services this property. The City will not water system leaks, as it is my responsibility to armless the City from all claims that arise out of perty, including damages caused by open faucets vice if the meter indicates the water is running.	
Signature:		Print Name:	Date:	
FOR OFFICE USE ONLY				
		UID #: DATE SC \$145.00	ORDER #: CHEDULED: \$100.00 MONEY ORDER CREDIT CARD	