



Residential Water Service Application

Service Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different from service address)

Own: () Rent: () Date service to start: _____ Do you prefer AM or PM Start Time?
(Circle One)

If Renting, name, address, contact of Landlord: _____

****Attach copy of rental/lease agreement. Required****

**** This account and all related information will be kept confidential unless you wish otherwise? () NO Make Public

Applicant Name: _____ Driver's License #: _____ State: _____
Date of Birth: _____ SS#: _____ Home Phone: _____ Cell Phone: _____
Place of Employment: _____ Work Phone #: _____
Email address: _____

Spouse's Name: _____ Driver's License #: _____ State: _____ Date of Birth: _____

LIST ALL OTHER ADULTS (18 or Over) RESIDING AT THIS ADDRESS:

Under the City of Eastland Ordinance #13-783 Establishing Restrictions Related to the Residency of Sex Offenders:
Will any registered sex offender be residing at this address? _____ YES _____ NO

City of Eastland Residential Service Agreement

1. The meter is the property of the City. ONLY City personnel are allowed to turn water off or on at the meter. Per City Ordinance all NEW service connections must have a cutoff valve in place within 2 feet of the meter for access by the owner/occupant before service is turned on.
2. All cross-connections, including irrigation systems, shall be isolated from the public water system by an air gap or an appropriate backflow prevention assembly.
3. A deposit of \$125.00 is required before water service can be turned on in your name. The deposit will be refunded at voluntary service termination and can be applied to any final bill due. ****Customers having had utilities disconnected more than two times in any 12-month period will be required to make a deposit twice the standard deposit prior to reconnection after the third involuntary disconnection.****
4. A non-refundable \$25.00 turn on fee is required at the time of this application.

Applicant Signature: _____ Date: _____

Spouse/Co-Applicant Signature: _____ Date: _____

ACCEPTED BY _____ this _____ day of _____
(City Employee)