



City of La Porte Residential Application Water/Sewer Service

NO. _____

DATE TAKEN _____ CUST REP _____ DATE NEEDED _____ ACCT# _____

CUSTOMER NAME _____
(LAST) (FIRST) (MIDDLE)

SERVICE ADDRESS _____

MAILING ADDRESS _____
(CITY) (ST) (ZIP)

PHONE NUMBER _____ DO YOU: RENT OWN

EMERGENCY CONTACT NAME _____

EMERGENCY PHONE _____

APPLICANT INFORMATION

SS NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

D.O.B: _____

EMPLOYED AT: _____

CO PHONE NUMBER _____

The undersigned hereby applies for water service with the city of La Porte and is hereby subject to the policies and procedures used by this department. Bills must be paid within 15 days after mailing or a penalty will be applied. Failure to receive your bill does not waive the penalty. In the event that this account is terminated and left with an outstanding balance, by signing below, you authorize the City of La Porte to report your delinquent account to credit bureaus. Deposits will be credited to account after one year of service billings with good payment history (three or fewer penalties).

The Texas Utilities Code Section 182.052 grants confidentiality of personal information to utility customers.

APPLICANT SIGNATURE

NEW SERVICE DEPOSIT AMOUNT PAID: _____ RECEIPT NUMBER: _____

SERVICE FEE AMOUNT PAID: \$10.00

TOTAL PAID: \$ _____ NO.

NEW SERVICE BAG GIVEN: _____