

**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 _____

PHONE NUMBER _____ DO YOU RENT OWN
(CITY) (ST) (ZIP)

EMERGENCY CONTACT NAME _____

EMERGENCY PHONE _____

APPLICANT INFORMATION

SS # _____

DRIVERS LICENSE # _____

DOB _____

EMPLOYED AT _____

CO PHONE # _____

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 THE CREDIT BUREAU. *** DEPOSITS WILL BE CREDITED TO ACCOUNT AFTER ONE YEAR OF SERVICE BILLINGS WITH GOOD PAYMENT HISTORY. (THREE OR LESS PENALTIES) ***

BY INITIALING HERE, I HEREBY DO NOT GIVE PERMISSION FOR MY ACCOUNT INFORMATION TO BE MADE PUBLIC.

INITIALS _____

APPLICANT SIGNATURE

NEW SERVICE DEPOSIT AMOUNT PAID _____ RECEIPT NUMBER _____

Service Fee Amount Paid _____ \$10.00

TOTAL Paid \$ _____ NO.

New Service Bags Given _____