



CITY OF WILLS POINT
120 NORTH FIFTH STREET
P. O. BOX 505
WILLS POINT, TEXAS 75169
OFFICE # 903-873-2578 FAX# 903-873-5512

APPLICATION FOR WATER SERVICE

SERVICE EFFECTIVE DATE: \_\_\_\_\_

OWNER RENTAL

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

PRIMARY SECONDARY

ACCOUNT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CHECK IF OVER 60: \_\_\_\_\_ (SENIOR DISCOUNT MAY APPLY)

DL/ID NUMBER & STATE: \_\_\_\_\_

LAST 4 OF SOCIAL: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

EMERGENCY CONTACT NAME AND NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WOULD YOU LIKE TO HAVE YOUR BILL EMAILED: \_\_\_\_\_ MAILED: \_\_\_\_\_ BOTH: \_\_\_\_\_

EMPLOYER NAME & PHONE NUMBER: \_\_\_\_\_

LIST MEMBERS OF HOUSEHOLD OVER THE AGE OF 18 LIVING AT THIS ADDRESS:

WOULD YOU LIKE TO HAVE BANK DRAFT AUTHORIZATION: \_\_\_\_\_ YES \_\_\_\_\_ NO

WOULD YOU LIKE TO KEEP YOUR ACCOUNT INFORMATION CONFIDENTIAL: \_\_\_\_\_ YES \_\_\_\_\_ NO

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*FOR CITY USE ONLY\*\*\*\*\*

DATE: \_\_\_\_\_

ACCOUNT# \_\_\_\_\_