



CITY OF WILLS POINT
518 HOUSTON 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# _____