

City of Sweetwater

P.O. Box 450 • 200 E. 4th Street
325-236-6315

36260

Date _____

Water, Sewer, Refuse Application

- SERVICE ADDRESS _____ ACCOUNT NUMBER _____
- CUSTOMER OR BUSINESS NAME _____
 CONTACT PHONE _____ EMAIL _____
(Last) (First) (Middle)
 DATE OF BIRTH _____ DRIVER'S LIC. NO. & STATE _____
 MAILING ADDRESS IF DIFFERENT _____
- ADDITIONAL APPLICANT NAME _____
 CONTACT PHONE _____ EMAIL _____
(Last) (First) (Middle)
 DATE OF BIRTH _____ DRIVER'S LIC. NO. & STATE _____
- DEPOSIT CLASS RESIDENTIAL COMMERCIAL
 NEW TRANSFER FROM _____
- FORMER SERVICE ADDRESS _____
 FORMER ACCOUNT NO. _____
- SERVICE REQUESTED IN CITY OUT CITY WATER SEWER REFUSE
- MEDICAL EQUIPMENT REQUIRING WATER _____
(State Type Equipment and Doctor)
- COMMERCIAL ONLY, LIST, IF ANY, TOXIC OR HAZARDOUS CHEMICALS TO BE USED AT SERVICE LOCATION, EXCLUDE NORMAL CLEANING AGENTS _____
- ADDITIONAL INFORMATION: _____

This certifies that _____
 has advanced the amount of \$ _____ Dollars as security for payment
 of all bills due the City for Water, Sewer and Refuse service.

By _____
 NON-TRANSFERRABLE This Certificate Not To Bear Interest

Contract Agreement

I/We hereby apply for utility service and agree to pay water – sewer – refuse collection charges at established rates and abide by service rules and regulations. I/We further agree to be responsible for all charges for utilities supplies the premises until notice to the utility service office, to be given in advance of vacating the premises. It is agreed that the city does not assume responsibility for uninterrupted service, and that by this contract, authority is given to the city to have access to its meter at all times, and further, that water service furnished through these facilities shall not extend to other property nor the water from said facilities resold in any manner. Waiver of liability the undersigned requests the water to be turned on at said address and agrees to waive any claim against the City of Sweetwater, its agents or employees; and to hold harmless and indemnify the city, its agents and employees, for any and all damages to or injury to persons which arise from the furnishing of water, sewer, and refuse service, whether or not said damage or injury is due to whole or in part to the negligence of city, its agents, or employees, or to leaks, faulty plumbing, or taps and faucets left open at said service address.

OWNER/AGENT/TENANT _____ BY _____

DEPOSIT SLIP **36260**

Account No. _____
 Address: _____
 Name: _____
 Amount: \$ _____
 By _____
 Meter No. _____ Read _____
 Remarks _____

DATE _____