

LAVACA WATER DEPARTMENT
APPLICATION FOR SERVICE

BILLING NAME _____

BILLING ADDRESS _____

SERVICE ADDRESS _____

PHONE _____ EMAIL _____

SS# _____ DL # _____ STATE _____

EMPLOYER _____

OTHER RESPONSIBLE PARTY: Please list all adults in the household.

Name _____ SS# _____ DL# _____

Name _____ SS# _____ DL# _____

Name _____ SS# _____ DL# _____

How do you prefer to receive your bill: email _____ mail _____ both _____

I certify that all information provided by me on this application is true and complete:

Applicant Signature Date

OFFICE USE ONLY:

Requested Service Date _____

Account # _____

Deposit Paid \$ _____ Receipt # _____ Meter Reading _____