



City of Wilmer
Serving Our Community

ACCOUNT # _____

WATER APPLICATION FOR RESIDENTIAL SERVICE

APPLICATION DATE: _____

DATE SERVICE REQUESTED: _____

Customer Name: _____

Driver's License # _____ State: _____ Social Security # _____

Date of Birth: _____ Phone # _____ Mobile # _____

Current Employer: _____ Work # _____

E-Mail Address: _____

Account Password (optional): _____

Spouse/Other Occupant: _____

Driver's License # _____ State: _____ Social Security # _____

Date of Birth: _____ Phone # _____ Mobile # _____

Current Employer: _____ Work # _____

Service Address: _____

Mailing Address (IF DIFFERENT): _____

City/State/Zip: _____

Do you own the premises for which service is requested? YES _____ NO* _____

*Provide Landlord's Name and Phone # _____

Have you or any relatives ever had service with the City of Wilmer before? YES _____ NO _____

If yes, where? _____

Are you age 62 or older? YES _____ NO _____

Is there a trash cart at this address? If yes, how many? YES _____ NO _____

LIABILITY RELEASE: I HEREBY APPLY FOR THE UTILITY SERVICE WHICH INCLUDES WATER, SEWER, DRAINAGE, AND SANITATION. I AGREE TO PAY THE WATER SERVICE CHARGES AS THE BILLS COME DUE. ANY BILLS NOT PAID BY THE DUE DATE WILL BE SUBJECT TO PENALTY CHARGES AND MY SERVICES CAN BE TERMINATED FOR NON-PAYMENT. IN ORDER FOR THE WATER TO BE TURNED ON BY THE CITY OF WILMER, SOMEONE MUST BE AT THE PROPERTY AND I UNDERSTAND EXTRA FEES MAY BE APPLIED IF ADDITIONAL TRIPS ARE MADE TO CONNECT WATER SERVICE. I HEREBY RELEASE THE CITY OF WILMER OF ALL LIABILITY IN THE EVENT DAMAGES ARE SUSTAINED TO PROPERTY OR CONTENTS DUE TO WATER DAMAGE WHICH MAY BE CAUSED BY LEAKY PIPES, BROKEN PIPES, OR OPEN FAUCETS.

CUSTOMER/APPLICANT PROVIDES THE CITY OF WILMER, ITS ASSIGNEES, AND 3RD PARTY COLLECTION AGENTS EXPRESS PERMISSION TO UTILIZE ALL INFORMATION PROVIDED AND MADE AVAILABLE IN ANY EFFORTS TO ATTEMPT COMMUNICATION WITH ME REGARDING MY ACCOUNT. THIS INCLUDES THE USE OF AUTOMATIC TELEPHONE DIALING SYSTEMS.

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Primary Account No.: _____ Good Standing: Yes ___ No ___ Amount of Deposit: _____ Deposit Paid: Yes ___ No ___
Payment Type: Cash ___ Check ___ Debit/Credit Card _____

All accounts associated with this connect have been verified: Yes ___ No ___

EMPLOYEE INITIALS: _____ **DATE** _____ **SUPERVISOR INITIALS:** _____ **DATE** _____