

**WATER SERVICE APPLICATION
CITY OF ROCKWALL
385 S. GOLIAD ST.
ROCKWALL, TX 75087**

**PHONE (972) 771-7736
FAX (972) 771-7728
customerservice@rockwall.com**

TODAYS DATE		SERVICE START DATE	
SERVICE ADDRESS			
BILLING NAME		SPOUSE/OTHER OCCUPANT	SPOUSE/OTHER OCCUPANT CELL NUMBER
BILLING ADDRESS		CITY	STATE ZIP
PROPERTY OWNER'S NAME		PROPERTY OWNER'S PHONE NUMBER	

RESIDENTIAL SERVICE ONLY

HOME PHONE	CELL PHONE	WORK PHONE	EMPLOYER'S NAME
DRIVERS LICENSE NUMBER/STATE	DATE OF BIRTH	EMAIL ADDRESS	
EMERGENCY CONTACT	EMERGENCY CONTACT HOME PHONE		EMERGENCY CONTACT CELL PHONE

COMMERCIAL SERVICE ONLY

APPLICANT'S NAME	POSITION WITH COMPANY		
TYPE OF BUSINESS	BILLING CONTACT	PHONE NUMBER	
EMERGENCY CONTACT	EMERGENCY PHONE NUMBER		

I HEREBY APPLY FOR WATER SERVICES AT THE ABOVE ADDRESS, TO BE FURNISHED AT THE STANDARD RATES AND UNDER THE TERMS AND CONDITIONS OF THE CITY, ON FILE IN THE CITY OFFICE. THE ABOVE LISTED AMOUNT TO BE HELD UNTIL APPLICANT DISCONTINUES WATER SERVICE, TO GUARANTEE THE PAYMENT OF BILLS FOR WATER OR FOR ANY BILL OF WHATEVER NATURE THAT MAY BE DUE.

SIGNATURE OF APPLICANT: _____

I ACKNOWLEDGE WATER SERVICE WILL BE TURNED ON AT THE ABOVE PROPERTY. I WILL NOT HOLD THE CITY OF ROCKWALL RESPONSIBLE FOR ANY PROPERTY DAMAGE TO THE WATER BEING TURNED ON WITHOUT MY PRESENCE. I ACKNOWLEDGE IF THE METER SHOWS WATER USAGE, IT WILL BE TURNED BACK OFF AND MY PRESENCE WILL BE REQUIRED FOR CONNECTION OF SERVICE.

SIGNATURE OF APPLICANT: _____

CONFIDENTIAL REQUEST FORM

I hereby do request that the utility record information as authorized by H.B. 859 be kept confidential and that such information be only disclosed to those persons or entities authorized to receive such information by the statute.

SIGNATURE OF APPLICANT : _____

OFFICE USE ONLY

START DATE	DEPOSIT DATE	DEPOSIT AMOUNT
	CASH CHECK	COMPLETED BY