

CITY OF PAMPA

APPLICATION FOR RESIDENTIAL WATER SERVICE

Residential Date: _____ **Start Date:** _____

Last Name: _____ First Name: _____ MI: _____

Service Address: _____ PAMPA, Texas 79065

Mailing Address: _____ City: _____ State: ____ Zip: _____

Previous Address: _____ City: _____ State: ____ Zip: _____

Social Security #: _____ Drivers: License # & State: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Employer: _____

Spouse: _____

Date of Birth: _____ Work Phone: _____

Employer: _____ Social Security #: _____

Drivers: License # & State: _____

Would you like to set your account up on draft? Yes: _____ NO: _____ -

Would you like to donate \$1.00 to the City of Pampa parks? Yes: _____ No: _____

Please list any other persons over the age of 18 who will reside at the above service address: (Please Include Name, D.O.B., D.L. & S.S. Number)

Do you own this property? (Please check one) Yes ___ No ___ If no, please provide your landlord's Name and phone number: _____ ♦ This document shall evidence agreement between the herein-named customer and the City of Pampa, Texas, for water, sewer, and solid waste collection services. ♦ Customer agrees to pay the City of Pampa monthly charge for said services with the rates to be determined by the City Commission of Pampa. ♦ Customer further agrees that said services may be discontinued for non-payment after the City of Pampa gives notice. ♦ Said services are subject to ordinances, rules, and policies that the City Commission of Pampa may enact. ♦ This agreement is not transferable and remains in force as long as said services are rendered to the undersigned. ♦ Total balance due by the due date, after which a 10% penalty will be assessed on any unpaid balance.

_____ Customer Signature Do you want your account flagged as confidential? Yes _____ No _____

*****IMPORTANT

For Office Use Only: Acct No: _____ Worked By: _____

Date: _____ Notes: _____