

**TEXARKANA WATER UTILITIES
COMMERCIAL SERVICE APPLICATION**

BUSINESS NAME*		TAX ID #		REQUESTED START DATE*	
BUSINESS OWNER/PRESIDENT'S NAME*		SOCIAL SECURITY #*		DRIVER'S LICENSE #*	
TYPE OF BUSINESS*		APPLICANT'S NAME*			
SERVICE ADDRESS*		MULTIPLE UNITS? (IF YES , LIST ADDRESS RANGE) <input type="checkbox"/> YES <input type="checkbox"/> NO			
PROPERTY OWNER*		PROPERTY OWNER'S PHONE #*			
BUSINESS MAILING ADDRESS (<input type="checkbox"/> SAME)		CITY		STATE	ZIP CODE
OFFICE PHONE #*		MOBILE PHONE #*		ENROLL IN BANK DRAFT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES , PLEASE FILL OUT THE ACH DEBIT FORM	
LOCAL CONTACT NAME		TITLE		CONTACT PHONE #	
PREVIOUS TWU SERVICE? (IF YES , LIST LOCATIONS) <input type="checkbox"/> YES <input type="checkbox"/> NO					
WATER WILL BE USED FOR* (CHECK ALL BOXES THAT APPLY, **BACKFLOW PREVENTION ASSEMBLY MAY BE REQUIRED)					
<input type="checkbox"/> CONSTRUCTION		<input type="checkbox"/> DOMESTIC USES (RESTROOM/BREAK ROOM)		<input type="checkbox"/> FOOD SERVICE**	
<input type="checkbox"/> INDUSTRIAL/MANUFACTURING**		<input type="checkbox"/> IRRIGATION SYSTEM**		<input type="checkbox"/> MEDICAL/DENTAL**	
<input type="checkbox"/> SALON**		<input type="checkbox"/> STAND-BY FIRE PROTECTION**			
<input type="checkbox"/> OTHER (SPECIFY IN DETAIL):					
EMAIL ADDRESS*					

*REQUIRED INFORMATION

PLEASE NOTE:

- ◆ ALL APPLICANTS FOR COMMERCIAL WATER SERVICE IN TEXARKANA, ARKANSAS AND TEXARKANA, TEXAS MUST APPLY FOR A CERTIFICATE OF OCCUPANCY AT EITHER TEXARKANA TEXAS CITY HALL OR TEXARKANA ARKANSAS CITY HALL IN ORDER TO OBTAIN TEMPORARY SERVICE.
- ◆ BY SIGNING THIS APPLICATION, YOU CERTIFY THAT THE ABOVE INFORMATION IS **TRUE AND CORRECT**. **PROVIDING FALSE INFORMATION WILL RESULT IN DENIAL OF SERVICES.**

ELECTRONIC SIGNATURE NOTICE:

BY SIGNING THIS FORM ELECTRONICALLY, YOU AGREE YOUR ELECTRONIC SIGNATURE IS THE LEGAL EQUIVALENT OF YOUR MANUAL SIGNATURE.

APPLICANT'S SIGNATURE

DATE

OFFICE USE ONLY			
LOCATION #:	METER TYPE:	CLERK:	ENVIRONMENTAL SERVICES USE ONLY
	WATER		
	IRRIGATION		
C/O REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		30 DAY TEMPORARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	

CUSTOMER SERVICE USE ONLY			
LOCATION #	CUSTOMER #	START DATE	DEPOSIT DATE
CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE			