

**TEXARKANA WATER UTILITIES
RESIDENTIAL SERVICE APPLICATION**

BILLING NAME*		REQUESTED START DATE*	
SERVICE ADDRESS*			
MAILING ADDRESS (<input type="checkbox"/> SAME)	CITY	STATE	ZIP CODE
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PROPERTY OWNER*	PROPERTY OWNER'S PHONE #*	
IF RENTING, INCLUDE RENTAL AGREEMENT			
MOBILE PHONE #*	WORK PHONE #	SOCIAL SECURITY #*	
DRIVERS LICENSE #*	DATE OF BIRTH*	SPOUSE'S NAME (IF APPLICABLE)	
SPOUSE'S SOCIAL SECURITY #	SPOUSE'S DRIVERS LICENSE #	SPOUSE'S DATE OF BIRTH	
BANK DRAFT <input type="checkbox"/> YES <input type="checkbox"/> NO - IF YES, PLEASE FILL OUT THE ACH DEBITFORM AND PROVIDE A VOIDED CHECK			
PREVIOUS TWU SERVICE? IF YES, LIST LOCATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE LIST THE NAMES AND SOCIAL SECURITY #S FOR ALL OCCUPANTS 18 YEARS OF AGE AND OLDER*			
OCCUPANT'S NAME	OCCUPANT'S SOCIAL SECURITY #	OCCUPANT'S DATE OF BIRTH	RELATIONSHIP TO APPLICANT
EMAIL ADDRESS			
EMERGENCY CONTACT NAME	RELATIONSHIP TO APPLICANT	PHONE #	

**REQUIRED INFORMATION*

- ◆ BY SIGNING THIS APPLICATION, YOU CERTIFY THAT THE ABOVE INFORMATION IS **TRUE AND CORRECT**.
- ◆ **PROVIDING FALSE INFORMATION WILL RESULT IN A 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			
ACCOUNT #	CUSTOMER #	START DATE	DEPOSIT DATE
LEASE AGREEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	CONTACT OWNER	<input type="checkbox"/> YES <input type="checkbox"/> NO
OWNERSHIP DOCUMENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	CITY LIMITS	<input type="checkbox"/> IN <input type="checkbox"/> OUT