



City of Lago Vista, Texas

Application for water/sewer service

RESIDENTIAL COMMERCIAL

CONNECT DATE: _____ OWNER TENANT OTHER: _____

SERVICE LOCATION: _____

APPLICANT: _____

MAILING ADDRESS: _____

PHONE #1: _____ PHONE #2 _____ PHONE #3 _____

E-MAIL ADDRESS: _____ LANDLORD ACCOUNT: Y _____ N _____

DL# _____ ST: _____ DOB: _____

NEED TRASH SERVICE? Y / N IS TRASH CAN THERE? Y / N IS RECYCLE BIN THERE? Y / N

IN ACCORDANCE WITH TEXAS UTILITIES CODE, CHAPTER 182, IF RESIDENT REQUESTS THEIR NAME, ADDRESS AND PHONE NUMBER BE KEPT CONFIDENTIAL, THE CITY WILL NOT DISCLOSE THE INFORMATION EXCEPT AS REQUIRED OR MANDATED BY LAW. CONFIDENTIAL ACCOUNT? Y / N

OWNERS NAME: _____

OWNER PHONE #1: _____ OWNER PHONE #2: _____

THE UNDERSIGNED APPLIES FOR WATER SERVICE SUBJECT TO ALL POLICIES AND REGULATIONS OF THE WATER / WASTEWATER DEPARTMENT OF THE CITY OF LAGO VISTA.

SIGNED: _____ DATE: _____ VIA TELEPHONE: Y / N

*OFFICE USE ONLY

DEPOSIT DATE: _____ AMT: _____ CASH CHECK # _____ V/MC/DIS

ACCT #: _____ METER #: _____ RECEIPT #: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____ SECTION: _____

SEWER SEPTIC

SEWER TAP - DATE PAID: _____ AMT: _____ RECEIPT # _____

SEWER EXT - DATE PAID: _____ AMT: _____ RECEIPT #: _____

WATER TAP - DATE PAID: _____ AMT: _____ RECEIPT #: _____

WATER EXT - DATE PAID: _____ AMT: _____ RECEIPT #: _____

CUSTOMER SERVICE REP: _____