

CITY OF EMORY / APPLICATION FOR WATER/SEWER/GARBAGE SERVICE

P.O. BOX 100 EMORY, TX. 75440 PH: 903-473-2465 FAX: 903-473-2110

Website: www.cityofemory.com email: www.clerk@emorytx.com

FOR OFFICE USE ONLY

DATE PAID: _____

AMOUNT PAID: _____

() CASH () CHECK # _____

() CREDIT CARD _____

NEW SERVICE () TRANSFER ()

ACCOUNT NUMBER _____

SERVICES APPLYING FOR: INSIDE CITY LIMITS: ()

WATER/SEWER/GARBAGE ()

OUTSIDE CITY LIMITS: ()

WATER ONLY () GARBAGE ONLY ()

NAME OF APPLICANT: _____ GENDER: MALE () FEMALE ()

SERVICE ADDRESS: _____ SERVICE REQUEST DATE _____

MAILING ADDRESS (IF DIFFERENT): _____

DO YOU NEED TO TRANSFER SERVICES? YES () NO ()

PREVIOUS ADDRESS _____ ACCT # _____

DRIVERS LICENSE OR ID# _____ STATE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

RACE: White _____ Black _____ Asian _____ Hispanic or Latino _____ Other _____

HOME PHONE: _____ WORK PHONE: _____

SPOUSE/OTHER RESPONSIBLE PARTY: _____

DRIVERS LICENSE OR ID# _____ STATE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

PERSON TO CONTACT IN CASE OF EMERGENCY (NOT LIVING WITH YOU)

NAME: _____ PHONE NUMBER: _____

HAVE YOU HAD SERVICES PREVIOUSLY WITH THE CITY OF EMORY? YES () NO ()

DO YOU RENT () OR OWN () LANDLORD'S NAME: _____ PHONE# _____

The Applicant, whose signature appears below, applies to The City of Emory for some or all of the following services: Water, Sewer and Garbage to be supplied at the address herein described, and upon request, at any other local address to which Applicant may move. The Applicant agrees to pay for said services as bills are rendered therefore, in accordance with the rates, rules and regulations as provided in the City Ordinances as now existing or as may be enacted and in effect at the time of delivery, regardless of who the consumer might be.

APPLICANT

DATE

CO-APPLICANT

DATE