CITY OF EMORY
PO BOX 100 / 399 N TEXAS ST.
EMORY, TEXAS 75440
903-473-2465

APPLICATION FOR WATER/SEWER/GARBAGE SERVICE

NAME OF APPLICANT: _____ GENDER: ___M ___F

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: _____ DOB: _____

SSN #: _____ EMAIL: _____

HOME PHONE: _____ WORK PHONE: _____

SPOUSE OR OTHER RESPONSIBLE PARTY: _____

DRIVERS LICENSE OR ID# _____ STATE: _____

DATE OF BIRTH: _____ SSN # _____

HOME PHONE: _____ WORK PHONE: _____

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

NAME: _____ PHONE: _____

HAVE YOU HAD SERVICES PREVIOUSLY WITH THE CITY OF EMORY? ____Y ____N

__OWN OR __RENT LANDLORD'S NAME: _____ PHONE: _____

The Applicant, whose signature appears below, applies to The City of Emory for some or all 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 SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

____ NEW SERVICE ____ TRANSFER ACCOUNT #: _____ DATE: _____

SERVICES APPLYING FOR: ___ INSIDE CITY LIMITS ____ OUTSIDE CITY LIMITS ____ WATER ONLY _____

___ WATER/SEWER/GARBAGE ____ GARBAGE ONLY

AMOUNT PAID: _____ CASH: _____ CREDIT CARD: _____ CHECK: _____

RECEIVED BY: _____ DATE: _____

Created by ED 12/30/25