## **HIDDEN COVE**

## **APPLICATION FOR UTILITY SERVICE**

APPLICANT:			
SERVICE ADDRESS:	CITY, STATE, ZIP: CITY, STATE, ZIP:		
MAILING ADDRESS:			
TELEPHONE: Home	Cell Work _		
DRIVER'S LIC #:	(Need Copy) STATE:		
*** If renting, g	ive owner's name and address. Furnish copy of rental agre	ement.***	
Owner's Name:	Phone Number:		
Owner's Address:	City, State, Zip:	City, State, Zip:	
APPLICANT'S PREVIOUS ADDRESS:	CITY, STATE, ZIP:		
PREVIOUS WATER SUPPLIER:	CITY, STATE, ZIP:		
APPLICANT'S EMPLOYER:	TELEPHONE:	TELEPHONE:	
EMPLOYER'S ADDRESS:	CITY, STATE, ZIP:		
* DEPOSITS REQUIRED:	Water Deposit	\$ 120.00	
	Sewer Deposit	\$ 80.00	
	Garbage Deposit	\$ 25.00	
	Sub-Total (Deposit Only)		
	Water Connection Fee	\$ 25.00	
	Total	\$ 250.00	
	OR U.S. MAIL DELIVERYFAILURE TO RECEIVE BILL DO		
I understand and agree that t	the water payment is due on the 15 <sup>th</sup> of each month.	int.	
I agree to pay fo	r all utility services as supplied by HWS and the City o	of Hackberry.	
ADDITIONNE'S SIGNATURE:	DATE:		
AFFLICANT S SIGNATURE.	DATE		
	077107 1177 01111		
	OFFICE USE ONLY		
Date Paid:			
Check #:		Amount Paid:	
Credit Card:	5% Fee: Total Paid Credit Card	u:	
Start Date:	Sanitation Carts:		
Account #:	SOD Exempt:		
W/O #:	Radio/Antenna:		
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