

- Residential  
 Commercial  
 House  
 Mobile Home
- NEW TAP  
 3/4"  
 1"  
 1 1/2"  
 2"  
 Other

## APPLICATION FOR WATER SERVICE

FOR OFFICE USE ONLY

DEPOSIT DATA	
LEASE DATE	_____
NO.	_____
DATE	_____
AMOUNT	_____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	

Name (Please Print) \_\_\_\_\_  
First
Middle
Last

Wife's or husband's name \_\_\_\_\_  
First
Middle
Last

Service Address \_\_\_\_\_  
Number
Street
Apartment Number
City
State
Zip Code

Do you own this property or rent? \_\_\_\_\_ Rental Agent \_\_\_\_\_

Date of Application \_\_\_\_\_ Phone Number \_\_\_\_\_

Mail address if different from service address: \_\_\_\_\_  
Number
Street
Apartment Number
City
State
Zip Code

**Service connections can be made Monday -- Friday, excluding Holidays, between the hours of 8:00 a.m. and 3:30 p.m. It is essential that someone meet our service personnel at the place where service is desired. Please indicate the following:**

(1) Date service desired: \_\_\_\_\_

NOTE: IF YOU ARE NOT THERE WHEN WE ARRIVE, IT WILL BE NECESSARY FOR YOU TO CALL OUR OFFICE AND RESCHEDULE TURN-ON FOR SOME FUTURE DATE.

His Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Her Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Your Previous Address \_\_\_\_\_

Last four digits of Applicant's Social Security No. \_\_\_\_\_ Applicant's Driver License No. \_\_\_\_\_

CONDITIONS: The deposit of \$ \_\_\_\_\_ is advanced to \_\_\_\_\_ to secure the payment of any bills due or which may become due by said Customer and for the safe return of all property belonging to the Company installed in said premises or elsewhere agrees to receive from and pay Company for all such services required on the premises at the above address and at subsequent addresses designated by the Customer to which Customer may remove, in accordance with the applicable Rate and with the Service Regulations of the Company, which are a part of this application, in effect at the time of delivery of service and agrees that the Customer shall be liable for all such service rendered at said address or addresses until the Company has received notice from Customer of the Customer's removal therefrom or discontinuance of service thereat. (Copy of Current Rates and Service Regulations are available on request.)

The Customer agrees that the Company has no obligation to accept this request if the premises at the above address are not located adjacent to lines of the Company from which the requested service may be readily rendered, and that Company shall be under no obligation to serve Customer at any future address to which Customer may remove if said address is not so located. Customer further agrees that if the Company makes available to Customer the service herein requested, then this request shall become a contract between the Customer and the Company. Customer further agrees that the Company shall be under no obligation to continue rendering service to Customer without the full amount of the aforesaid deposit being at all times on deposit with the Company to the credit of the Customer.

DATE \_\_\_\_\_

CUSTOMER'S SIGNATURE \_\_\_\_\_

**Customer agrees there shall at no time be more than one (1) service connected to a meter. This includes houses, mobile homes, travel trailers, and etc. I have read and fully understand this statement.**

**FOR OFFICE USE ONLY**

Service desired on or before \_\_\_\_\_

Service covered by Service Order No. \_\_\_\_\_

Application taken by \_\_\_\_\_

# Cheniere Drew Water System, Inc.

## DEBIT AUTHORIZATION FORM

I hereby authorize **CHENIERE DREW WATER SYSTEM, INC.** to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions posted in error. This authority will remain in effect until **CHENIERE DREW WATER SYSTEM, INC.** is notified by me in writing to cancel it in such time as to afford **CHENIERE DREW WATER SYSTEM, INC.** and The Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution – Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name – PLEASE PRINT)

\_\_\_\_\_  
(Address – PLEASE PRINT)

Checking or  Savings (check one)

Account  
Number: \_\_\_\_\_

Financial  
Institution  
Routing Number \_\_\_\_\_

(Please attach a voided check from the above mentioned account)

Water Account # \_\_\_\_\_

Water Account Name \_\_\_\_\_

FOR OFFICE USE ONLY:

DATE PRENOTE ENTERED: \_\_\_\_\_  
DATE PRENOTE CHANGED: \_\_\_\_\_  
DIGITS: \_\_\_\_\_  
BANK CODE: \_\_\_\_\_

ENTERED BY: \_\_\_\_\_  
ENTERED BY: \_\_\_\_\_