CITY OF WALKER

APPLICATION FOR WATER, SEWER, GAS, GARBAGE SERVICE Must Provide Act of Cash Sale or Lease

PLEASE PRINT				
Name:				
Account Holder Name	Last	First		Middle
Spouse/Additional Perso	on on Account:			
	Last	First		
If this is Commercial, wh	at is your Tax ID #:			
Is this located In the City	Limits YES or N	10		
Service Address:				
Corrido / tadroco.	Street		City	Zip Code
Mailing Addrson (if differ	ont):			
Mailing Address (if differ	ent).			
Previous Service Addres	ss:			
Phone Numbers:				
1 Hone (Vallibers.	Home	Cell	Work	Other
Driver's License #:			Date of Birth:	
Driver's Licerise #.			Date of Birtin.	
Email address:				
Employer:			Phone:	
Spouse's Employer:			Phone:	
Nearest Living Relatives	: 1)		Phone:	
	2)		Phone:	
	2)		Phone.	
CHECK ONE: House ☐ Mobile Home ☐ When was this Mobile Home delivered:				
Apartment ☐ Commercial ☐				
SERVICE REQUESTE	ED: Water □	Sewer □ Ga	s □ Garbage □	
PROPERTY:	Own 🗆	Rent □	Realtor □	Builder □
SUBDIVISON (if any):			L	.OT # (if any):
Please provide a 4 digit pin number that will be used to verify you when you call in:				

I, undersigned, hereby request that the services indicated above be rendered at the service address listed on this application. I agree to provide any and all information and documents requested by The City of Walker in connection with this service application. I understand that The City of Walker will invoice me for all above indicated services provided at that service address, and I Agree to pay the invoice for all such services. If your account is final billed and you have a balance due to the City and it is not paid according to procedure your account will be sent to a collection agency and possibly reported to the credit reporting agencies. The collection agency will charge you a collection fee for their services.

DATE

DATE

APPLICANT'S SIGNATURE

SURETY'S SIGNATURE(IF A REALTOR OR COMMERCIAL)

I understand failure to receive the bill does not excuse timely payment and may result in service disconnection.