

Texarkana Water Utilities

Residential Service Application

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|--|--|----------------------------|---|---------------------------------------|------------------|
| Service Address: | | | Requested Start Date: | | |
| Billing Name: | | | | | |
| Mailing Address: | | | City: | | State: Zip: |
| Property Owner or Leasing Agent:* | | | Owner/Agent's Phone #:* | | |
| If apartment complex, how many units? | | | Would you like us to draft your payment? Yes No | | |
| Home Phone:* | | Work Phone:* | | Date of Birth: | |
| Drivers License #:* | | Social Security #:* | | Spouse's Name: <i>(if applicable)</i> | |
| Spouse's DL#: | | Spouse's SSN:* | | Spouse's DOB:* | |
| Applicant's cell phone number: | | | Applicant's email address: | | |
| Employer's Name:* | | | Spouse's Employer:* | | |
| If not employed, provide source of income. <i>(Additional documentation may be required.)*</i> | | | | | |
| Please list the name and SSN of all occupants over the age of 18: _____ _____ | | | | | |
| Special Medical Situation: | | | | | |
| Relative not residing at this address: | | | | | |
| Name: | | Address: | | | |
| Phone #: | | Relationship to Applicant: | | | |
| Have you had service with TWU previously? Yes No | | | | | |
| If yes, please list service locations or provide TWU customer number: _____ _____ | | | | | |

*Required Information

By signing this application, you certify that the above information is true and correct.

Applicant Signature

Date

OFFICE USE ONLY

| | | | | | | | |
|--------------------------|----------|-------------|--------------|-------------|---------|---------------|--|
| Account #: | | Customer #: | | Start Date: | | Deposit Date: | |
| Type of Account? | Domestic | Irrigation | City Limits: | Inside | Outside | | |
| Lease agreement on file? | | Yes | No | N/A | | | |