



Fire Hydrant Application

Utility Billing Department
 City of Lake Worth
 3805 Adam Grubb
 Lake Worth, TX 76135
 817-231-1211, ext 227
 Fax: 817-237-1333

Account Number:	Fire Hydrant #
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Location requested:

Applicant/Company Name:			
c/o or Attention to:			
Mailing Address:	City:	State:	Zip:
Phone:	Fax:	E-mail:	
DL #:	DOB:	SS#:	
Tax ID #:	Contact Person:	Phone #:	

I would like to donate \$1.00 per month to the City of Lake Worth Park Fund: Yes No
 I wish for my personal information to be kept confidential: Yes No

TERMS OF SERVICE		
<ol style="list-style-type: none"> 1. Payment is due upon receipt, but no later than the 15th of each month. 2. All unpaid balances will receive a \$6.00 or 10% penalty, whichever is greater, after the 15th day of each month and are subject to disconnection of service. 3. If payment is not received by disconnect date a \$20.00 non-refundable connection charge will be assessed regardless of interruption of service. 4. A \$30.00 service charge will be added to all returned checks, regardless of the reason. 5. An additional \$25.00 will be added for service connected/reconnected after 6:00 pm or on weekends. 6. In order for water service to be connected if not currently on, you or your representative must be on the premises. NO EXCEPTIONS. 7. You will be fully responsible for any and all damages/tampering with the meter(s) that service this address. 		
I wish for service to be connected on: _____		
Applicant Signature:	Printed Name:	Date:

OFFICE USE ONLY			
Deposit amount: \$	Date Paid:	Receipt Number:	
Transfer fee (\$20.00) Paid on:	Date Paid:	Receipt Number:	
Entered by:	Date:	<input type="checkbox"/> SA on file	<input type="checkbox"/> WO done
Comments:			