

## Fire Hydrant Application

Utility Billing Department 3805 Adam Grubb Lake Worth, TX 76135 Office: 817-255-7900

Email: ub@lakeworthtx.org

Account Number:	ant #	#			
Location requested:					
Applicant/Company Name:					
c/o or Attention to:					
Marillo e Address	ICA.		Ctata	7:01	
Mailing Address:	City:		State:	Zip:	
Phone:	Fax:	SS# or Tax ID #	:		
E-mail:	1				
Additional Contact person authorized to inquire or	n account:		Phone #:		
I would like to donate \$	_ monthly to the City of Lal	ce Worth Park	Fund		
I would like to receive my wate	er bill via: 🗆 mail only	□ E-mail only	□ Both	n mail & E-mail	
	TERMS OF SERV	<u>ICE</u>			
1. Payment is due upon receipt, but no later than the $15^{ m th}$ of each month.					
2. All unpaid balances will recei	ve a \$10.00 or 10% penalty, wh	nichever is great	ter, after the	15 <sup>th</sup> day of each	
month and are subjec	et to disconnection of service.				
3. If payment is not received by	·				
regardless of interruption of serv				petore 4:00 pm).	
4. A \$30.00 service charge will b 5. An additional \$20.00 will be a		_		or on weekends	
6. In order for water service to b premises. <b>NO EXCEPTI</b>	e connected if not currently c				
7. You will be fully responsible fo	r any and all damages/tampe	ring with the me	eter(s) that s	ervice this address.	
I wish for service to be connected on	:				
Applicant Signature:	Printed Name:			Date:	
	OFFICE USE ONLY				
Deposit amount: \$	Date Paid:	Receipt Numb	er:		
□ Transfer Fee (\$20.00) Paid on:	Date Paid:  Receipt Number:		□ New Service Fee (\$20.00)		
Entered by:	Date:	□ SA	A on file	□ WO done	
Comments:					
	All Confidential a Paranal A	count			
□ NOT Confidential	□ ALL Confidential □ Personal □ Ac	COULI		motions	