

PLBG _____

**SERVICE APPLICATION
CLEAR LAKE CITY WATER AUTHORITY
900 BAY AREA BLVD
HOUSTON, TX 77058
PHONE 281-488-1164**

Today's Date _____

Please Print
Service Address _____

Mailing Address (If Different) _____

Residential Email _____ Own _____ Lease _____
Res. \$100 deposit \$100 deposit

Account Name _____ SS# _____

Spouse's Name _____ SS# _____

Home Phone _____ Cell Phone _____

Applicant's Employer _____ Phone _____

Spouse's Employer _____ Phone _____

Commercial Email _____ Own _____ Lease _____
\$Avg. Month Bill Deposit _____

Account Name _____ EIN _____

Contact Name _____ Phone _____

I request water and sewer service at the above premises and agree to use and pay therefore in accordance with the Authority's established rates and rules. I UNDERSTAND THAT NONRECEIPT OF A BILL FOR ANY REASON DOES NOT EXCUSE TIMELY PAYMENT THEREFORE NOR MY OBLIGATION TO PAY LATE CHARGES. I FURTHER AGREE TO BE RESPONSIBLE FOR ALL CHARGES FOR WATER AND SEWER SERVICE FOR THE ABOVE PREMISES UNTIL I REQUEST DISCONTINUANCE OF SUCH SERVICE AND A FINAL BILL. Credit balances under \$1.00 on Final Bills are disregarded.

I agree: (1) the Authority shall not be liable for damages of any kind whatsoever resulting from water or the use of water on the above premises, unless such damage results directly and solely as a result of conduct of the Authority; (2) the Authority shall not be responsible for damage done by or resulting from defect in the piping, fixtures, or appliances on the above premises; (3) to maintain in serviceable condition all sewer lines within the boundaries of applicant's premises; (4) to furnish and maintain a private cut-off valve on my side of the water meter; and (5) the Authority shall not be liable for any damage or injury arising from interruption, inadequacy, or non-availability of water or sewer services.

I understand that: (1) bills will be figured in accordance with the Authority's policies and rate schedule, as established from time to time, with water service based on the meter reading of the amount consumed for the period; (2) bills are due and payable upon presentation and payment must be made to the office of the Authority; and (3) collection of closing bills may be made at the time of presentation.

I understand that: consumers may request that personal information (address, telephone number, or social security number) be kept confidential by the Authority and released only to persons allowed by law. If you request that your personal information be kept confidential, please mark the box below.

I request that my personal records be classified confidential and be released only to the persons allowed by law.

START DATE _____ SIGNATURE _____

PLEASE INCLUDE A COPY OF CURRENT DRIVERS LICENSE FOR THE ACCOUNT HOLDER.

RESIDENTIAL CUSTOMERS ARE BILLED BIMONTHLY.

COMMERCIAL CUSTOMERS ARE BILLED MONTHLY.