

PLBG _____

SERVICE APPLICATION
CLEAR LAKE CITY WATER AUTHORITY

900 BAY AREA BLVD
HOUSTON, TX 77058
281-488-1164

Please Print

Service Address _____ Today's Date _____

Mailing Address (If Different) _____

RESIDENTIAL

Email _____ Own _____ Lease _____
Residential Deposit: \$100.00

Account Holder Name _____ SS # _____

Joint Account 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 THEREOF 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 damage of any kind whatsoever resulting from water or the use of water on the above premises; (2) the Authority shall not be responsible for damage done by or resulting from any 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. (6) the use of pipes and pipe fittings that contain more than 0.25 percent lead or solders and flux that contain more than 0.2 percent lead is prohibited in accordance with TCEQ Chapter 290, Subchapter D, Rule §290.44, (b)(1).

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 Clear Lake City Water Authority, at 900 Bay area Blvd, Houston, TX 77058; 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 information be kept confidential, please mark the box below.

I request that my personal information 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.**

- To Pay the deposit by credit card, please complete the below form.

For residential service, please indicate the total amount of \$103.50 (\$100.00 deposit + \$3.50 processing fee) on the \$_____ line when completing the form and sign at the bottom.

For commercial service, please call the main office at 281-488-1164 to obtain the required deposit amount.

ONE (1) TIME CREDIT CARD AUTHORIZATION

By signing this form, you give us permission to charge your credit card for the amount indicated on or after the indicated date. This is permission for a **single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____ (Cardholder), authorize
_____ (Merchant) to charge my credit card
(as indicated below) for \$ _____ on _____ (mm/dd/yyyy).

This payment is for the following: _____.

BILLING INFORMATION

Billing Address: _____ City, State, ZIP: _____

Phone #: _____ Email: _____

CREDIT CARD INFORMATION

Card Type: Mastercard | VISA | Discover | AMEX | Other _____

Cardholder Name: _____

Card Number (#): _____

Expiration: _____ (mm/yy) CVV: _____ Cardholder ZIP: _____

CARDHOLDER SIGNATURE

I authorize the above named merchant to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature: _____ Date: _____

Printed Name: _____