Please Print

SERVICE APPLICATION HARRIS COUTY WCID #161

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	
	\$ 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 District's established rates and rules. I UNDERSTAND THAT NONRECEIPT OF A BILL FOR ANY REASON DOES NOT EXCUSE TIMELY PAYAMENT THEREOF NOR MY OBLIGATION TO PAY LATE CHARGES. I FURTHER AGREE TO BE RESPONIBLE 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 District shall not be liable for damage of any kind whatsoever resulting from water or the use of water on the above premises; (2) the District 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 District shall not be liable for any damage or injury arising from interruption, inadequacy or nonavailability 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 District'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 District's operator, 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 District, 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.