

## Information for the Initiation of Water/Sewer/Trash Service

Name								
Last			First			MI		
Address								
Number		Street Name		Apt. Numb	er Zi	p Code		
Social Se	curity Numbe	er						
Driver's L	icense							
Number			State			Exp. Date		
Daytime Phone ( )			Other Phone ( )					
Place of								
Employm	ent							
Bill Address if Different								
From Service Address								
Service Start Date				Water is <sup>-</sup>			Turned on M-F Only	
					<u>.</u>			
Have you had water service with the City of Wichita Falls before? Circle One Yes No								

Mail To: Fax To:

City of Wichita Falls (940) 761-8879

P.O. Box 1440

Wichita Falls, Texas 76307-7532

<u>Please Include:</u>

1. The complete application form. Single Family \$90.00

2. a copy of your driver's license. Multi Unit \$50.00 Per Unit

3. A check or money order for the deposit.

**Deposits:** 

<sup>\*</sup>Disclosure of your Social Security number is voluntary. The City requests this information solely for identification and collection purposes. This information will not be release to unauthorized persons.