

415 Old Austin Hwy., Drawer P Bastrop, TX 78602 512-303-3943 Fax: 512-303-4881 www.aquawsc.com

## **SEWER SERVICE APPLICATION**

GIS INFORMATION			
(To be completed by Customer Service)			
Today's Date Zone		Map Page	Account Number
General Description		1	
APPLICANT INFORMATION			
Applicant's Name Spouse's Name			
Billing Address			
Telephone Number (Primary)		Telephone Number (Secondary)	
Applicant's Drivers License Number		Applicant's E-mail Address	
Applicant's Date of Birth		Applicant's E-mail Address (Secondary)	
Proof of Ownership or Right of Occupancy Provided By			
PROPERTY INFORMATION			
Legal Description of Property (Include name of road, subdivision with lot and block number)			
Previous Member's Name and Address (If transferring membership)			
Acreage	Number in Family		Household Size (Square Feet)
Livestock Type and Number			
Special Service Needs of Applicant (Including multiple Connections)			
SIGNATURE  Applicant's Name (Note: Form must be completed by Applicant only. A map of service location request must be attached.)			
			, 
Signature	nature Date		