

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

WATER SERVICE APPLICATION

	GIS I	NFORM	ATION		
		eted by Co	ıstomer Service)		
Today's Date	Zone	Ma	Page	Account Number	
General Description				I	
	APPLICA	NT INF	ORMATION		
Applicant's Name		Sp	ouse's Name		
Billing Address					
Dilling Address					
Telephone Number (Primary)			Telephone Number (Secondary)		
Applicant's Drivers License Number			Applicant's E-mail Address		
•					
A. P. d. D. L. (D. II.					
Applicant's Date of Birth			Applicant's E-mail Address (Secondary)		
Proof of Ownership or Right of Occupancy	Provided By	Тур	e of Meter		
			Residential	☐ Commercial	
				Commercial	
	PROPER	TY INF	DRMATION		
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)	
, totalgo (talling)				Trouseriold Olze (Oquale 1 eet)	
Livestock Type and Number	<u>.</u>				
Special Service Needs of Applicant (Includ	ing multiple Connections)				
APPROVAL					
Applicant's Name (Note: Form must be completed by Applicant only. A map of service location request must be attached.)					
Applicant a maine (mote. Form must be co	impleted by Applicant Unity. A Map C) 351 VICE 100	auon request must be at	idolicu.)	
Signature		Date	Date		