



CITY OF CROWELL
P.O. BOX 250 CROWELL, TX 79227
114 E CALIFORNIA CROWELL, TX 79227
(940) 684-1722
Email: cityofcrowell@yahoo.com

Application for Service
(Must be filled out completely to receive service)

Today's Date: _____

Name on account: _____

DL #: _____ ST Issued: _____ DOB: _____ SS# _____

Spouse's Name: _____

DL #: _____ ST Issued: _____ DOB: _____ SS# _____

Service Address: _____

Billing/Mailing Address: _____

Home Phone #: _____ Cell #: _____

Place of Employment: _____ Work #: _____

Email: _____

Have you or anyone living with you ever had an account with the City of Crowell? If so under what name?

List of the names of all household members who will be living at this address:

Own _____ Rent _____

Property Owner Name & Phone Number: _____

Property Owner Address: _____

Nearest Relatives (not living with you)

Name & Phone Number: _____

Please Initial Each Item Below

_____ I understand that if the water will not be turned on, unless someone must be in the house before the water will be turned on in case of leaks, faucets left on, or any other problems that may occur or arrangements have been made in advance.

_____ I understand that if I vacate the property and leave an unpaid balance on my account, the City of Crowell will apply my utility deposit to the account to satisfy the unpaid debt. If there is a credit after that balance has been paid, a refund will be mailed to me (if the City of Crowell has a current or forwarding address). However, if there is still a remaining balance after the deposit has been applied; **the account will be turned over for collection.**

_____ I understand that my payment is due 10th of each month and if payment is received after the 10th I will be charged a late fee of \$10.00. **If a check is returned for insufficient funds, a \$30.00 fee will be added to your account.**

_____ I understand that Late Notices are mailed on the 15th and disconnections will be done on or around the 26th of the month. If balance is not paid in full, I understand that I will be charged a \$25.00 disconnect fee.

I agree to have my water bill drafted between the 5th – 8th of every month by the City of Crowell. If I decide to cancel this service I will notify the city in writing by the 1st day of the month before the draft on the 5th. If the draft comes back insufficient, a \$30.00 fee will be applied to my water account and I will have 14 days to pay my bill and the fee in cash.

Name of Bank: _____ Routing# _____ Account# _____

Name as it appears on Bank Account: _____

Signature _____ Date _____

Signature _____ Date _____

Office Use:

Account #: _____ Meter#: _____ Meter Reading: _____ Route _____ Sequence# _____

Septic Inspection Completed: _____

Trash Can Delivered _____ Date service turned on _____

Deposit Amount _____ New Service _____ Transfer Service to _____

Utility deposit is due at time of application. Cash Check Rec'd By: _____