

HARRIS COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT NO. 136
APPLICATION FOR WATER/SEWER SERVICE
(Please print or type)

Service Address: _____ Service Subdivision: _____

Name of Applicant: _____

Street Address: _____ Billing Address: _____

Phone: _____ Email (optional): _____

City: _____ State: _____ Zip: _____

Own Property? ____ (please provide copy of deed)

Agent/Other? ____ (please provide agency agreement)

Agent for: _____

Rent/Lease Property? ____ (please provide rental/lease agreement)

First Date of Service: _____

Applicant:

I understand that any deposit required with an application for service will be refunded only to the extent that expenses of the District do not exceed the deposit, and that the District may request an additional deposit. I understand that tap fees are not refundable. I represent that the information on and furnished with this application is true and correct, and I understand that false information will result in denial of this application. I have received and reviewed the District's Rate Order.

Owner:

If the property subject of this application is subject to an agency relationship or is a rental or lease property, I, as owner of the property understand that if service is terminated to such property, I am jointly and severally liable with the renter/lessee or my Agent for any fees and/or changes that are due to the District prior to any service reconnection.

Applicant Signature: _____ Print Name: _____ Date: _____

Owner Signature (if not Applicant): _____ Print Name: _____

Date: _____

Owner Address: _____ Owner Phone: _____

For District Use Only

Date Application _____ Application Fee _____ Date: _____

Received: _____ Collected (if applicable): \$ _____ Initials: _____

Tap fee collected: \$ _____ Date: _____ Initials: _____

Date Construction Authorized: _____ Date Tap Installed: _____

Service Inspection Dates: _____ Certification Received: Date: _____ Initials: _____