

APPLICATION FOR WATER SERVICE

Account # _____

Harker Heights Water Department
305 Miller's Crossing • Harker Heights, TX 76548

Type of Service:
 Residential Commercial

Today's Date _____ Date to Begin Service _____

Location of Service _____ Phone # _____

Name _____ Spouse _____

SS# _____ - _____ - _____ DL# _____ State _____

Mailing Address _____
(If different from service address)

Place of Employment
or Unit in Army _____ Work Phone # _____

The following person(s) other than my spouse and myself may have access to my account:

I hereby apply for service in accordance with the terms appearing on the reverse side of this card. I further understand that information provided on this application is necessary to provide me with the service necessary in support of this application and to contact me in case of a water emergency (line breakage, etc.).

Signature _____

OFFICIAL USE ONLY

Waiver Pending

Waiver Received

Deposit Received

FOR OFFICE USE ONLY

FINAL DATE _____ FORWARDING ADDRESS _____

DESTROY DATE _____

TERMS FOR SERVICE

The Applicant whose signature appears on the reverse side hereof applies to the Harker Heights Water Department for water service, to be supplied at the address herein described.

The Applicant agrees to pay for said service as bills are rendered therefore in accordance with the rates, rules and regulations as provided by the Harker Heights Water Department.

The Applicant further agrees to release and discharge said Harker Heights Water Department from any liability for damages suffered (1) by reason of water furnished to the premises, (2) by reason of interruption, discontinuance or disconnection of service hereunder from any cause, or (3) by reason of the condition, maintenance, location or existence of any of the facilities, fixtures, or systems located on or adjoining the property supplied and by which such services are furnished or delivered.

WATER BILL INFORMATION

If charges are not paid by the delinquent date a \$15.00 penalty will be added to the account. For information on your account of billing discrepancies call 254-953-5626.

No person(s) other than Water Department employees are authorized to turn water on or off. Penalty for violation is \$35.00. There will be a \$25.00 charge on all returned checks.

EMERGENCY CALLS 911

**NOTE: AFTER 5:00 P.M. OR ON WEEKENDS CALL 254-681-6779
FOR WATER DEPARTMENT EMERGENCIES A \$25.00 FEE WILL BE CHARGED**

Name _____ Date to Begin Service _____

Service Address _____

For our mutual protection, we require someone to be present the day the water is scheduled to be connected. This is to avoid the possibility of flooding the home. If someone is not present when the water is connected, a second trip may be necessary to connect services. This will result in a \$25.00 fee added to the first bill.

I understand that someone must be present on the scheduled connect date.

Signature _____

The City of Harker Heights water and sewer system is a government operated utility.

Effective September 1, 1993 a government operated utility may not disclose personal information in a customer's account record(s) if the customer request that the government operated utility keep the information confidential. The customer may request confidentiality by delivering to the government operated utility (City) an appropriately marked form or other written request for confidentiality by providing the City of Harker Heights with permission to disclose information. Please sign below to request confidentiality.

I request that no information be released from my account other than required by House Bill 859, Section 5.

Signature _____

For Military Customers Only

Military Waiver Deposit Program

1. Customers who wish to use the waiver have 5 business days to turn in waiver or water will be disconnected.
2. The waiver will not be accepted once a deposit is paid.
3. Waivers will not be released until a) A \$55.00 deposit is paid to the account *or* b) the Account has been established for 12 months, no late fees have been applied to the account, **and** no return checks/bank drafts on the account.

Yes, I do wish to participate in the Deposit Waiver Program. I have read the above policies and agree to the terms.

Signature _____