

# City of Weslaco

"The City on the Grow"



WATER DEPARTMENT  
956-973-3113  
956-973-3117  
956-973-3118  
956-973-3119

NEW WATER METER APPLICATION  
SUBMIT COMPLETED FORM TO THE WESLACO WATER DEPARTMENT  
PLEASE PRINT ALL INFORMATION

DATE: \_\_\_\_\_

OWNERS'S NAME: LAST		FIRST:	
MAILING ADDRESS:		PHONE NO: (DAY TIME)	
CITY:	STATE:	ZIP CODE:	
PROJECT ADDRESS:			
SUBDIVISION NAME:		BLOCK#	LOT:
CONTRACTOR:		PHONE NO: (ON SITE):	
ADDRESS:	CITY:	STATE:	ZIP CODE:
METER SIZE REQUIRED:			

FOR OFFICIAL USE ONLY  
I CERTIFY THAT I HAVE REVIEWED THIS APPLICATION

PUBLIC UTILITIES OFFICIAL:		DATE:	
SIZE OF WATER LINE THAT IS BEING TAPPED:			
COMMENTS:			
PLANNING/CODE ENFORCMENT OFFICIAL:		DATE:	
INSIDE/OUTSIDE CITY:	SUBDIVISION NAME:	LOT SIZE:	
SERVICES INCLUDED (CIRCLE):	WATER	SEWER	BRUSH GARBAGE

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EFFECTIVE DATE: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

## SERVICE APPLICATION

REASON FOR APPLICATION: NEW ACCOUNT ACCOUNT UPDATE

TYPE OF SERVICE: RESIDENTIAL COMMERCIAL

NAME: \_\_\_\_\_ SSN/TIN \_\_\_\_\_ DOB: \_\_\_\_\_

BUSINESS NAME (IF APPLICABLE): \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

MAILING ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

HOME PHONE ( ) MOBILE( ) DL # \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BUS # ( )

CITY STATE ZIP

## PERSONAL REFERENCES

NAME RELATIONSHIP ADDRESS PHONE #

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**CONFIDENTIALITY DISCLOSURE:** Section 182.052(a) of the Texas Utility Code regulates the release of selected customer information by government-operated utilities. City of Weslaco customers can submit a request to prevent the release of their personal information including, address, telephone number or social security number, as well as any information relating to the volume or units of utility usage or the amounts billed to or collected from you for utility usage. The City of Weslaco must still give out this information, if requested by any person or entity authorized by Section 182.054 of the Texas Utility Code, including federal and state agencies, other utilities, consumer reporting agencies, City Of Weslaco Contractors, other governmental agencies and persons to whom a customer has contractually waived confidentiality. By checking the box, you direct the City of Weslaco Not to release your address, telephone number or social security number to entities not excluded by law.

I request that my personal information not be released.

I the undersigned hereby declare that I have read the foregoing application that all statements made therein are complete and true to the best of my knowledge. I authorize the City of Weslaco to verify the information contained herein and to make such additional normal inquiries to be related to or associated with this application, to credit bureaus, employers and references. I also agree to pay the monthly statement that is due to the City of Weslaco for services rendered. If I fail to pay these services the City of Weslaco will add any collection costs including reasonable attorney fees to my balance.

Signature \_\_\_\_\_

Date \_\_\_\_\_