



CITY OF HEATH

200 Laurence Drive, Heath, Texas 75032

Phone 972-771-6228 Fax 972-961-4932

www.heathtx.com

APPLICATION FOR UTILITY SERVICES

ALLOW 72 HOUR NOTICE TO IMPLEMENT REQUEST

CONNECTION DISCONNECTION UPDATE ACCOUNT

EFFECTIVE DATE: _____

**CONFIDENTIALITY YES NO

**COMPLETE AND ATTACH THE CITY OF HEATH UTILITY ACCOUNT CONFIDENTIALITY FORM FOUND AT WWW.HEATHTX.COM

SERVICE ADDRESS INFORMATION

PROPERTY OWNER'S NAME(S): _____

BILLING NAME: _____

REQUESTED SERVICE ADDRESS: _____

PREVIOUS PHYSICAL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL: _____

DRIVERS LICENSE NUMBER/STATE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

FORWARDING OR BILLING ADDRESS INFORMATION

NAME: _____ TITLE: _____

ADDRESS: _____

SERVICE DEPOSIT REQUIREMENTS

ALL NEW CONNECTION REQUESTS, FOR EACH SERVICE ADDRESS, WILL REQUIRE A UTILITY DEPOSIT PRIOR TO CONNECTION. THE DEPOSIT REQUIREMENTS ARE AS FOLLOWS:

- | | |
|---|--|
| <input type="checkbox"/> \$325 WATER, SEWER, SOLID WASTE COLLECTION | <input type="checkbox"/> \$250 WATER, SOLID WASTE COLLECTION |
| <input type="checkbox"/> \$125 SEWER, SOLID WASTE COLLECTION | <input type="checkbox"/> \$50 SOLID WASTE COLLECTION |

I have carefully read the completed application and know the same is true and correct and hereby agree that if the services are connected, I will comply with all provisions of City of Heath Ordinances and applicable State Laws. I accept responsibility for payment of all fees or charges and any civil action that may result from failure to do so.

Applicant's Signature

Date Submitted