## City of Bevil Oaks Public Works APPLICATION FEE AND DEPOSITS ARE **OFFICE USE ONLY REQUIRED FOR ALL ACCOUNTS:** New Account #: \_\_\_\_\_ 13560 River Oaks Boulevard Deposit Paid: \$\_\_\_ New Service Turn On: \$35.00 Application Fee: \$ Beaumont, Tx. 77713 Type of Pmt: \_\_\_\_\_ Tenant Occupied: \$250.00 CK# 409-753-1475 or 409-753-2126 Beginning Read: \_\_\_ Owner Occupied: \$100.00 FAX: 409-753-1404 Date Services Begin: \_\_\_\_\_ **Application Fee: \$10.00** Water/Sewer Only: 2<sup>nd</sup> Meter: **Application for Water/Sewer Services** Water/Sewer/2<sup>nd</sup> Meter: Driver's License/Pic ID Required Entered: \_\_\_\_ Date Entered: \_\_\_\_\_ Scanned: \_\_\_\_ Date Scanned: \_\_\_\_\_ **Social Security Number Required** I HEREBY APPLY TO THE CITY OF BEVIL OAKS PUBLIC WORKS TO FURNISH WATER/SEWER SERVICES TO THE PROPERTY LOCATED AT THE **FOLLOWING ADDRESS:** Address: BEAUMONT, Tx. 77713 I AM LEASING THE PROPERTY: □ I AM THE OWNER OF THE PROPERTY: (COPY OF LEASE AGREEMENT REQUIRED) (COPY OF DEED/CLOSING DOCS REQUIRED) PER THIS APPLICATION, I UNDERSTAND AND AGREE, THAT IF SUCH SERVICE IS APPROVED, TO ABIDE BY ALL CITY OF BEVIL OAKS PUBLIC WORKS ORDINANCES AND REGULATIONS RELATING TO SUPPLY OF SUCH SERVICE. I UNDERSTAND THAT THEMETER BOX AND ITS CONTENTS ARE THE PROPERTY OF THE CITY OF BEIL OAKS. UNDER NO CIRCUMSTANCES AM I OR MY AGENTS AUTHORIZED TO REMOVE THELID OR OTHERWISE TAMPER WITH THE METER IN ANY WAY. TO DO SO SUBJECTS ME TO A TAMPER FEE OF NOT LESS THAT \$100 OR MORE THAN \$500. THE CITY MAY ALSO PRESS CHARGES AGAINST ME FOR TAMPERING AND THEFT OF SERVICES SHOULD WATER BE TURNED ON WITHOUT City authorization. INITIAL:

\*\*\*\*Please note, the water contractors will come unlock the water meter, but WILL NOT turn on if no one is home. INITIAL: \_\_\_\_\_

Primary Name:

Primary SS#: \_\_\_

Phone #:

Local Friend or Relative:

**Primary Applicant's Signature** 

**City Employee Signature** 

Primary Email: \_\_\_\_\_

Primary Employer & Address:

Job Title:

Name: \_\_\_\_\_

Date

Date

Phone #: \_\_\_\_\_

Anticipated # of full-time residents at the premises:

Primary Driver's License #: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Secondary Applicant Name:

Secondary Email: \_\_\_\_\_

Secondary Employer & Address:

Secondary Applicant Signature

Job Title:

Phone #:

Relationship:

Secondary SS#:

Secondary Driver's License #: \_\_\_\_\_

Date

Secondary Phone #: \_\_\_\_\_