

**APPLICATION FEE AND DEPOSITS
ARE REQUIRED FOR ALL
ACCOUNTS:**

Tenant Occupied: \$150.00

Owner Occupied: \$100.00

Application Fee: \$10.00

Driver's License/Pic ID Required

Social Security Number Required

CITY OF BEVIL OAKS PUBLIC WORKS

13560 RIVER OAKS BOULEVARD

BEAUMONT, TX 77713

409-753-2126

FAX: 409-753-1404

**APPLICATION FOR WATER/SEWER
SERVICES**

OFFICE USE ONLY

New Acct. # _____

Deposit Paid \$ _____

Appl. Fee Paid \$ _____

Type of PMT _____

CK # _____

Beginning Reading _____

Date Services Begin _____

Water/Sewer Only: ___ 2nd.Meter ___

Water/Sewer/2nd Meter: _____

Entered: _____ Scanned: _____

**I HEREBY APPLY TO THE CITY OF BEVIL OAKS PUBLIC WORKS TO FURNISH WEATER/SEWER SERVICES
TO THE PROPERTY LOCATED AT THE FOLLOWING ADDRESS:**

Beaumont, TX 77713

I AM LEASING THE PROPERTY: I AM THE OWNER OF THE PROPERTY

(COPY OF LEASE REQUIRED)

(COPY OF DEED/CLOSING DOCS REQUIRED)

PER THIS APPLICATION, I UNDERSTAND AND AGREE, THAT IF SUCH SERVICE IS APPROVED, TO ABIDE BY ANY AND 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:**_____.

NAME:_____

(SELF AND SPOUSE/SIGNIFICANT OTHER FULL NAMES)

ANTICIPATED NUMBER OF FULL TIME RESIDENTS AT PREMISES: _____

PRIMARY SS#_____ **SECONDARY SS#**_____

PRIMARY DRIVER'S LICENSE_____ **SECONDARY DRIVER'S LICENSE #**_____

PRIMARY CELL PHONE #_____ **SECONDARY CELL PHONE #**_____

HOME PHONE #_____

EMAIL ADDRESS TO RECEIVE MONTHLY BILLINGS AND NOTICES:_____

PRIMARY EMPLOYER & ADDRESS:

SECONDARY EMPLOYER & ADRESS:

Job Title:_____

Job Title:_____

Phone #_____

Phone #_____

LOCAL FRIEND OR RELATIVE:

NAME:_____

RELATIONSHIP:_____

PHONE #_____

PRIMARY APPLICANT'S SIGNATURE (TAKES FULL RESPONSIBILITY OF ACCOUNT)

DATE

OFFICE PERSONNEL SIGNATURE

DATE