**Elm Creek Water Supply Corporation**

**P. O. Box 538**

**Moody, TX 76557**

**254/853-3838**

**Application for Water Service**

**(Renter’s Service Agreement)**

Date Service to Begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RENTER/LESSEE do agree to assume full responsibility for

the water service at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address City

I am requesting that the monthly bills be sent to the following mailing address (if different from above):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip

I am renting/leasing the property from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Owner’s full name

**Please read the following:**

All bills are mailed on the first business day of each month. All payments are due by the 15th of each month. A 15% penalty (or $5.00; whatever is greater) will be charged to each account with an existing balance of $2.00 or more received after the 15th. If you receive a cut-off notice, you will have 10 days in which to pay any outstanding balance or the meter will be locked and a $50.00 reconnect fee added. After full payment including the reconnect fee has been received, service will be restored.

**Office Hours:** Monday-Friday; 8:30-11:30 & 12:30-3:30. Closed weekends & most holidays.

I have read, understand and will comply with all of the above statements. This agreement is made this the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number Work Phone # Home Phone #

*Elm Creek WSC is an equal opportunity provider and employer*