

Meeker Municipal Water District

Service Application

ALL PERSON(S) RESPONSIBLE FOR PAYMENT MUST COMPLETE AND SIGN APPLICATION.

NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVER LICENSE # _____

HOME PHONE # _____ CELL # _____ WORK # _____

PLACE OF EMPLOYMENT _____

EMAIL _____ BILL PREFERENCE? _____ U.S.MAIL _____ E-MAIL

SERVICE LOCATION ADDRESS _____

MAILING ADDRESS _____

SPOUSE OR CO-HABITANT

NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVER LICENSE # _____

HOME PHONE # _____ CELL # _____ WORK # _____

PLACE OF EMPLOYMENT _____

OWNER(S) ____YES ____NO WILL THIS HOME BE USED AS RENTAL PROPERTY? ____YES ____NO

RENTER(S) ____YES ____NO IF RENTING, NAME OF OWNER _____

EVER HAD MEEKER WATER? ____YES ____NO IF SO, UNDER WHAT NAME? _____

DATE FOR SERVICE TO BEGIN _____

MEEKER MWD IS NOT AFFILIATED WITH TEXAS 811. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT THE OFFICE FOR LINE LOCATES BEFORE I DIG.

I HAVE RECEIVED A COPY OF THE DISTRICT BILLING POLICIES AND AGREE TO ADIDE BY THEM, I UNDERSTAND MY SERVICE WILL BE DISCONNECTED IF I FAIL TO DO SO.

NOTE: UPON CLOSING YOU ACCOUNT, THE FINAL BILL MUST BE PAID IN FULL WITHIN 30 DAYS OF RECIPT OF FINAL LETTER. IF YOU FAIL TO DO SO IT MAY AFFECT YOUR CREDIT.

BY AFFIXING MY SIGNATURE, I CERTIFY THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. I FURTHER CERTIFY I AM THE RESPONISBLE PARTY FOR THE BILL. Revised 8-22-2018

SIGNATURE & DATE

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