

**CITY OF PLAINVIEW
APPLICATION FOR WATER-SEWER
SERVICE**

Account#: _____

BK#: _____ RT#: _____

Name of Owner/Renter (Circle One):

Date Service Desired:

Service Address:

Name of Property Owner:

RENTER Phone Number:

OWNER Phone Number:

Billing Address:

Mailing Address of Property Owner:

Emergency Contact (Other than Yourself):
Name: _____

EMAIL: _____

Phone: _____

As the owner/renter of the premises above, I agree to guarantee payment of all the charges for water-sewer service furnished to the above premises payable every month upon receipt of an invoice from the City of Plainview in accordance with the terms of the City's billing policies. I understand that I will be held personally liable for all such charges unpaid after termination of the services to the premises.

Dated: _____

Signature: _____

REV: 3/13