



Application for City Services
New Water Service

CITY OF DALWORTHINGTON GARDENS
2600 Roosevelt Drive
TEL. 817-274-7368 FAX 817-265-4401
www.cityofdwwg.net

Date of Application \_\_\_\_\_ Account# \_\_\_\_\_

Service Address: \_\_\_\_\_ Turn on Date: \_\_\_\_\_

AM Turn on 9:00 a.m. to 11:00 a.m. [ ] / PM Turn on 12:00 p.m. to 3:00 p.m. [ ]

\*\*Individual must have access to the inside of the structure. Failure to appear will add \$25 fee for rescheduling\*\*

Application for [ ] Residential [ ] Commercial (provide documentation of ownership and picture identification)

Renting [ ] Yes [ ] No (provide copy of lease agreement and picture identification)

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Would you like your bill [ ] Emailed or [ ] Mailed?

Mailing Address (If different from Service Address) \_\_\_\_\_

Notification Preference (choose one) [ ] Phone Call (home number) or [ ] Text Message (cell phone)

Examples: Past due utility bills, street closures, utility issues/water shut offs

Keep my information confidential pursuant to Texas Utilities Code, Chapter 182? [ ] Yes \$3.00 Fee [ ] No

The Mayor would like to meet you. Would it be okay to forward your information? [ ] Yes [ ] No

Table with 4 columns: Description, Amount, Quantity, Fee. Rows include Texas Utility Code, Chapter 182 (\$3.00), Deposit + Connect Fee (\$125.00 + \$20.00), and a Total row.

Payments for Water Services are due on the 10th of each month. Payments received after the 10th of each month will be charged a 10% late penalty fee towards the amount owed.

If payments are not received by the last Wednesday or each month water services will result in a Disconnection. To reconnect Water Services, you must pay a Re-Connection Fee of (\$40.00) + amount owed in Cash, Money Order or by Credit Card with Government Payment Services 1(888) 604-7888 Code 1019 (a service fee will be charged).

The undersigned applicant understands and agrees to the terms of this agreement.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

Clerk \_\_\_\_\_

Date \_\_\_\_\_

Receipt # \_\_\_\_\_

Amount \_\_\_\_\_