



RINCON WATER SUPPLY CORPORATION

P.O. DRAWER 7 TAFT, TEXAS 78390

rinconwatercorp@gmail.com PWIS No. 205-0078

OFFICE: (361) 528-3969 FAX: (361) 528-2837



SERVICE APPLICATION

Date: _____

APPLICANT: _____

CO-APPLICANT: _____

PREVIOUS ADDRESS: _____

CURRENT BILLING/MAILING ADDRESS:

SERVICE ADDRESS:

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

PROOF OF OWNERSHIP PROVIDED BY: _____

APPLICANT DRIVER'S LICENSE NO: _____

STATE OF ISSUE: _____

CO-APPLICANT DRIVER'S LICENSE NO: _____

STATE OF ISSUE: _____

LEGAL DESCRIPTION OF PROPERTY (INCLUDE NAME OF ROAD, SUBDIVISION w/LOT AND BLOCK NUMBER):

ACREAGE: _____ HOUSEHOLD SIZE (sq. ft.): _____ NUMBER IN FAMILY: _____ NUMBER OF LIVESTOCK: _____

PLEASE CHECK ONE: RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ AGRICULTURAL _____

SPECIAL SERVICE NEEDS OF APPLICANT: _____

PREVIOUS OWNER'S NAME AND ADDRESS (ONLY IF TRANSFERRING MEMBERSHIP):

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

White, not of Hispanic origin	Black, not of Hispanic origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	Other (Specify)

EQUAL OPPORTUNITY PROGRAM

By signing below I agree the information listed above is correct. I understand there is a monthly minimum meter charge of \$35.00 plus tax whether I use water or not. I also understand the monthly payment is due and payable by the 15th of each month whether I receive a bill or not.

APPLICANT SIGNATURE: _____ CO-APPLICANT SIGNATURE: _____