 **City of West Tawakoni Water Application** \*FOR OFFICE USE ONLY\*

1533 E Hwy 276 Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

West Tawakoni, TX 75474 Book#: \_\_\_\_\_\_ Receipt#: \_\_\_\_\_\_\_\_

903-447-2285 EXT 1 Fax: 903-447-4935 Inside City\_\_\_\_ Outside City**\_\_\_\_\_\_**

Water\_\_\_ Sewer\_\_\_\_ Garbage\_\_\_

For new construction: Inside City Limits, YES or NO

Have you received permits from Code Enforcement? YES or NO

For Commercial accounts, Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL #: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Permanent or Weekend Resident

Mailing Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Number of Residents**: \_\_\_\_\_\_\_\_\_**

Nearest relative not living with you for emergency contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RENTING:**

Landlord: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPERTY OWNERS:**

Legal Description of Property (including name of road, Subdivision with lot, and block number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Proposed use of Property: [ ] Residential [ ] Commercial [ ] Other Commercial or Other describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Water Deposit Cost:** Residential: $225.00 Commercial: $250.00 Mobile Home Park / Apartment: $250.00

For **COMMERCIAL** accounts a **GARBAGE** deposit is needed also.

2-Yard 1x week $71.85 \_\_2x week $119.22\_\_ Commercial Poly Carts: $28.63 (EACH)

3-Yard 1x week $86.82 \_\_2x week $143.65\_\_

4-Yard 1x week $104.73\_\_2x week $184.65\_\_

6-Yard 1x week $133.24\_\_2x week $185.27**\_\_**

8-Yard 1x week $151.62\_\_2x week $265.36\_\_

**There is a processing fee for credit cards per transaction!** Amounts $0.00-$50.00 is $1.95 and amounts $50.01-$200.00 is $2.95. Anything over $200.00 will be charge 2.95% rate! Deposits may be paid by cash, check, cashiers check, money order, or credit card. WE DO NOT ACCEPT AMERICAN EXPRESS!

In accordance with Federal law and US Department of Agriculture’s policy: This intuition is prohibited from discriminating on the basis of race, color, national origin, sex, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to USDA<Director Office of Civil Rights. Room 326-W Whitten Building 14th and Independence Avenue SW. Washington, DC 20250-9410 or call 202-720-5964 voice and TTY. USDA is an equal opportunity provider and employer.

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

Signature Date

911 HOUSE NUMBERS

All utility customers of the City of West Tawakoni are required to place their 911 address on their house immediately. The numbers shall be conspicuously placed immediately above, on, or at the side of the proper door of each building so the numbers can be plainly seen from the street.

Numbers shall be not less than three (3) inches in height for residence.

All utility Companies and Emergency Assistance Responders use your 911 address to locate their customers. Your place of residence is much easier for them to find if your address is prominently displayed. For further information, please call 903-447-2285 Ext 1.

We appreciate your anticipated cooperation.

Customers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This This City is an Equal Opportunity Provider!

**Tawakoni Volunteer Fire Department**



**Tawakoni Volunteer Fire Department**

951 E Hwy 276

West Tawakoni, TX 75474

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to make a monthly donation to the Tawakoni Volunteer Fire Department at the West Tawakoni City Hall when I pay my water bill. By signing this form, I am authorizing the City to add the $3.00 (optional) donation per month to my water billings.

If I would like to stop my donations, I will be required to put the request in writing to the City of West Tawakoni Utility Department.

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

Account Number Phone Number

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

Signature

**\*\*\*Note: If you have multiple accounts, please list the account that you want a donation taken out of\*\*\***



**IRIS / Tech Radium, Inc. – MASS NOTIFICATION SERVICE**

Notice Residential landlines and cell phones are included in this system. Please contact City hall at 903-447-2285 EXT 1 or visit the City of West Tawakoni website for a copy of this application at [www.cityofwesttawakoni.org](http://www.cityofwesttawakoni.org)

**\*\*Only one contact per water meter will be notified\*\***

Water Bill Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: (RE Hwy 276): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

List contact number below and whether or not you wish to be texted.

1st phone: (Landline / Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Send Text: Yes / No

2nd phone: (Landline / Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Send Text: Yes / No

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTICE: This system is not utilized for Severe Weather Notifications due to lack of warning time associated with the most severe weather. For timely severe weather warnings, secure a NOAA All- Hazards Weather Radio with Specific Area Message encoding (SAME) technology.

Due to unforeseen nature and lack of warning time associated with some emergencies, no agency can guarantee you will personally receive a notification for every emergency. This resource is intended to serve as ONE tool to help provide emergency warning information; therefore, please continue to monitor other public safety warning and information systems such as social media, television & radio whenever possible.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give the City of West Tawakoni permission to contact me by any means as indicated above.

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

Customers Signature Date

**IRIS ENROLLMENT WILL LAST FOR 1 YEAR!**

**The City of West Tawakoni Water Bank Draft Agreement**

Authorized Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize The City of West Tawakoni hereinafter called COMPANY. to initiate debit entries to my (our) Checking/Savings Account indicated below at the depository financial institution names below, hereinafter called BANK, and if necessary, initiate adjustments for transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of the U.S. Law.

\*\*NOTE\*\* The expected Draft date is the 15th of each month, however if the 15th of that month falls on a Holiday or weekend the day may vary for that month.

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Authorization is to remain on full force and effective until the COMPANY has received WRITTEN notification from me (us) of its termination in such time and in such manner to afford COMPANY and BANK a reasonable opportunity to act on it.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_