



City of Jacksboro Application for Utility Services Wholesale Water

Please print clearly. Complete ALL sections as applicable. Copy of government issued identification required on individual accounts.

Business Name/ Name: (as shown on tax return)

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Type of Business (please circle one):

Individual / Sole Proprietor	Incorporated	Partnership	Limited Liability Company
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Tax I.D #:	D.L. #:
Phone #:	email:

Billing Address:

City:

TX:

Zip Code:

List ALL persons authorized to charge on this account: (This designation may be changed at any time by submitting in writing to Jacksboro City Hall names of individuals to be added/ removed.)

Service Requested by:	Title:
Phone #:	
Emergency Contact:	Phone Number:

Signature: _____

Date: _____

By signing this application, I acknowledge and understand that failure to pay the water bill by the due date will subject my account to late fee of 10%. If the water bill is not paid within 15 days after the due date, I understand that my privileges of loading water will be terminated and myself or company will not be allowed to load any additional water until payment of all charges and service fees, if any, are paid in full. (Utility Ordinance No. 0-08-03, Schedule IV). I further understand that it is my (or authorized driver's) responsibility to complete loading tickets in full when water is loaded at the water plant. Failure to complete any portion of a load ticket is no excuse for non-payment.

Revised 02/2022

OFFICE USE ONLY

Account #:	Deposit Amount: \$	Received By:
Pin Code: Entered in Brivo:	Copy of ID	Receipt #: