

Move out date: _____

Account #: _____

Route #: _____

Sequence #: _____

Cert. of Dep # _____

Application for Water & Sewer Service

PLEASE PRINT

Number in Household: _____

Name: _____ Spouse's Name: _____

Drivers License (Number & State) _____ Social Security Number: _____

Home Phone Number: _____ Name of Employer: _____

Cell Phone Number: _____ Supervisor: _____

Email Address: _____ Business Phone Number: _____

Address Moving Into: _____

Mailing Address: _____

Have you or your spouse ever had water service in Nash before: Yes _____ No _____

If yes, whose name was the service listed under and when did you have prior service:

Whose name is the electric and /or gas service listed under?

Gas: _____ Electric: _____

Landlords Name: _____ Landlords Phone Number: _____

Landlord's Address: _____

Personal References: Please List Two:

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Signature: _____

Date: _____

CITY OF NASH, TX

GARBAGE SERVICE AGREEMENT

NEW ACCOUNTS

Customer Account # _____

Account Name _____

Service Address _____

City, Zip _____

Phone #_()_____

Billing Address _____

City, Zip _____

REL X Container(s) 1-3 Service 2X/WEEK

Monthly Service Charges for Scheduled Services Will Be Deducted At Current Rate.

Signature _____ Date _____