

CITY OF EMORY / APPLICATION FOR WATER/SEWER/GARBAGE SERVICE

P.O. BOX 100 EMORY, TX. 75440 PH: 903-473-2465 FAX: 903-473-2110

Website: [www.cityofemory.com](http://www.cityofemory.com) email: [www.clerk@emorytx.com](mailto:www.clerk@emorytx.com)

FOR OFFICE USE ONLY

DATE PAID: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

( ) CASH ( ) CHECK # \_\_\_\_\_

( ) CREDIT CARD

NEW SERVICE ( ) TRANSFER ( )

ACCOUNT NUMBER \_\_\_\_\_

SERVICES APPLYING FOR: INSIDE CITY LIMITS: ( )

WATER/SEWER/GARBAGE ( )

OUTSIDE CITY LIMITS: ( )

WATER ONLY ( ) GARBAGE ONLY ( )

NAME OF APPLICANT: \_\_\_\_\_ GENDER: MALE ( ) FEMALE ( )

SERVICE ADDRESS: \_\_\_\_\_ SERVICE REQUEST DATE \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

DO YOU NEED TO TRANSFER SERVICES? YES ( ) NO ( )

PREVIOUS ADDRESS \_\_\_\_\_ ACCT # \_\_\_\_\_

DRIVERS LICENSE OR ID# \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

RACE: White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Other \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SPOUSE/OTHER RESPONSIBLE PARTY: \_\_\_\_\_

DRIVERS LICENSE OR ID# \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY (NOT LIVING WITH YOU)

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HAVE YOU HAD SERVICES PREVIOUSLY WITH THE CITY OF EMORY? YES ( ) NO ( )

DO YOU RENT ( ) OR OWN ( ) LANDLORD'S NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

The Applicant, whose signature appears below, applies to The City of Emory for some or all of the following services: Water, Sewer and Garbage to be supplied at the address herein described, and upon request, at any other local address to which Applicant may move. The Applicant agrees to pay for said services as bills are rendered therefore, in accordance with the rates, rules and regulations as provided in the City Ordinances as now existing or as may be enacted and in effect at the time of delivery, regardless of who the consumer might be.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE