BLUFF DALE WATER SUPPLY CO

TURN ON SERVICE FORM

Bluff Dale Water is delighted to have you as a customer and pleased to offer you our services. In order to turn on water service with us, please fill out the following information. PLEASE ALLOW TWO (2) BUSINESS DAYS BEFORE YOU WANT SERVICE TURNED ON.

*All fields are required. *Address of the residence where you're requesting service: *Address Line 1: _____ *City: ______ *ZIP: _____ *State: _____ *ZIP: _____ * Are you the owner? \square The tenant? \Box If tenant, please provide the owner's name: ______ and telephone number: (_____ - ____ -* Has water service ever been provided at this address? Yes $\ \square$ No $\ \square$ *Service Start Date (MM/DD/YY): ____/ ____/ Account Owner (the person responsible for the bill): *Last Name: _____ *First Name: _____ *Last Four Digits Of Your Social Security Number: XXXX - XX -*Your Date of Birth (MM/DD/YY): ____ / ____ / ____ *Daytime telephone number of the person whose name will appear on the bill (incl. area code): (_____ - ____ -*E-mail Address: ______ @ _____ *Billing Address (if different than service address): *Address Line 1: ______ *Address Line 2: _____ *City: ______ *ZIP: _____ *ZIP: _____ *Last previous residence address: *Address Line 1: _____ *Address Line 2: *City: *State: *ZIP: Is this a commercial account? * Legal Business Name: * Tax ID Number:

Please send the completed form to us in the following ways: | Fax: 817-389-3759 | Mail: Bluff Dale Water Supply Co. PO Box 232 Bluff Dale Texas 76422 | Email: bdws2013@gmail.com