



CITY OF ALAMO HEIGHTS
 6116 BROADWAY
 SAN ANTONIO, TX 78209
 (210) 822 - 3331 (voice)
 (210) 822 - 8197 (fax)

APPLICATION FOR UTILITY SERVICE

Service Address _____

Name _____
 Last First Initial OR Co. Name

Mailing Address _____
 (If different from service address)

Phone No.(s)
 Home _____ Cell _____ Work _____

Social Security No. _____

Driver License Info.
 State _____ No. _____ D.O.B. _____

Are You: Purchasing? _____ Renting? _____ (If Renting, please provide Landlord Info.)
 Name: _____ Phone No. _____

All required deposits will be refunded at move-out. If the account has a zero balance, a refund check will be mailed to the person whose name is on the account. If the account has a balance when closed, the deposit will be applied to the account. (Purchasing: \$50.00 Deposit. Renting: \$75 Deposit.)

As of what date would you like the service established in your name? _____

Note: Date provided may not be on a weekend or holiday.

Have you had service in Alamo Heights before? Yes _____ No _____

If yes, under what name(s)? _____

At what address(es)? _____

I, the undersigned, hereby request the City of Alamo Heights to furnish water, sewer, and sanitation services at the above service address, and I agree to pay for such services at the rates set by the City Council. The bill for such services is due and payable as indicated on each month's bill. I understand that if I fail to pay for services, the City may disconnect my service without notice until arrears are paid in full. A reconnect fee will be charged and must be paid in full at the time of reconnect. I agree to abide by and consider as part of this contract and ordinance, rules and/or regulations set by the City concerning the operation and billing of all services. I authorize the City of Alamo Heights to disconnect water service if violations of the zoning, building, subdivision, animal, fire, food, trash, weed, and sign ordinances of the City of Alamo Heights occur at the service address above. I, the undersigned, do hereby certify that the information given above is true and correct.

Signature of Applicant

Date

Received on: _____ By: _____
 If you need assistance completing this form, please call (210) 822-3331, ext 1507.

