

CITY OF SELMA TEXAS
APPLICATION FOR WATER & ALLIED SERVICES

DATE SERVICE REQUESTED: _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

PHONE NO:_(_____)_____ **WORK:**_(_____)_____

EMPLOYER:_____

DRIVERS LICENSE NO:_____ **STATE**_____

TYPE OF SERVICE: (Click One) Residential Commercial Industrial

SPRINKLER SYSTEM: (Click One) Yard Building None Planned

The undersigned hereby makes application for Water & Allied Services from the City of Selma Water Department subject to all conditions of the Water Ordinance.

Name:_____ **Signature:**_____

(PRINTED)

OFFICE USE ONLY

APPLICATION FEE: _____ **PRIVACY FEE:**_____

CHECK NO. _____

ACCOUNT: _____