



1700 First Street Seabrook TX 77586 Phone 281-291-5713 Fax 281-291-5690 [www.seabrooktx.gov](http://www.seabrooktx.gov)

**APPLICATION FOR RESIDENTIAL SERVICE**

*Application requirements: valid Driver's License or legal ID card & property lease agreement or proof of ownership.*

Today's Date: \_\_\_\_\_ Date Service Requested: \_\_\_\_\_

Request Tote Cart: Yes / No Request Recycling Bin: Yes / No

Name: \_\_\_\_\_ Service Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Contact#: \_\_\_\_\_ Alt. Contact#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse/Co-Occupant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Service Address: \_\_\_\_\_

Name and address of local relative/friend: \_\_\_\_\_

Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_

The Consumer agrees to abide by the provisions and rules of the CITY in regulating and governing the water, sewer and/or garbage service now in effect, or that may hereafter be adopted. Terms and Conditions received  \_\_\_\_\_ Initial

I, the undersigned, do hereby apply for the services provided by the City of Seabrook. I understand that my deposit will be held until the service has been disconnected and then will be applied to the outstanding balance. I hereby understand that I will be legally liable for all debts incurred by receiving the services of the City of Seabrook and hereby pledge my resources for the debt incurred above the deposit of \$ \_\_\_\_\_ that I am now tendering. I understand that the costs of the services are a legal debt. I also understand that should I or any other adult residing at my address have a delinquent account with any past utility provider the delinquency may be added to my current bill and \$25.00 collection fee will be assessed.

I (We) understand that with House Bill 859 I have the right to request the City of Seabrook not to disclose my personal information (address, telephone number, social security number) to the public. I also understand the City is not prohibited under this bill from disclosing personal information to public officials, or employees, a consumer reporting agency, a utility contractor, or sub-contractor or other utilities. \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that the City will begin water service by making a physical connection located at the meter outside the building or building to be served. I understand that the City will not have access to any buildings served and will not determine if there are any open faucets or water system leaks inside the building. If there are any open faucets or water system leaks that cause damage to the property, I agree not to hold the City responsible for any damages arising from there.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Deposit Amount Pd: \_\_\_\_\_ Payment Method: Cash Check Credit Card

Account Number: \_\_\_\_\_ Officer Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Senior Citizen: Yes No