

141 W Renfro St
Burleson, TX 76028
817-426-9601
817-426-9360 fax



Water Service Application

For office use only:
CID: _____
Deposit or LOC
Order bin

Service Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different from service address)

Own Rent Date you would like service to start: _____ 10-12 3-5

If renting, name of landlord: _____ Landlord's phone # _____

Please check the box below if you would like your account confidential.

I understand that I will need to provide ID to access my account information if my account is confidential.

Applicant Information

Name: _____ Drivers license # : _____

Date of Birth: _____ Primary phone number: _____ Secondary phone number: _____

Place of Employment: _____ Work # : _____

Email address: _____ Would you prefer to have your bill emailed?
Yes No

Co-Applicant Information

Name: _____ Drivers license # : _____

Date of Birth: _____ Primary phone number: _____ Secondary phone number: _____

Place of Employment: _____ Work # : _____

Email address: _____

*If you are interested in bank draft, please fill out the following information:
I hereby authorize the City of Burleson to make automatic withdrawals each month for payment of my utility bill.

Bank name: _____ Address: _____

Bank account #: _____ Routing #: _____

City of Burleson Residential Service Agreement

1. The meter is the property of the City. Only City personnel are allowed to turn the water off or on at the meter.
2. All cross-connections, including irrigation systems, shall be isolated from the public water system by an air gap or an appropriate backflow prevention assembly.
City of Burleson, Ordinance No. B-641, Article VI, Sections 7-90 through 7-125, Cross Connection Control Policy
3. A deposit of \$135.00 or a letter of credit is required before water can be turned on in your name. The deposit is refundable after 12 consecutive months of no late payments or it will be applied to your final bill, whichever comes first.
4. A \$10.00 initiation fee will be applied to your first bill.
5. This account will remain active in your name until you contact us in writing to have the service discontinued.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____