

Brookshire Municipal Water District

PO Box 1850 ▪ 4004 6th St. ▪ Brookshire, TX 77423 ▪ P (281) 375-5010 F (281) 934-4877

APPLICATION FOR WATER, SEWER and GARBAGE SERVICE

Aplicación Para Servicio De El Agua y La Basura

Applications for new water service must be received by 3:30 p.m. for same day service. Applications received after 3:30 p.m. will be processed the following business day.

Date: _____ Date for Service to Begin: _____
(Fecha) (Fecha Para Comenzar el Servicio)

Type of Property at Service address: House Mobile Home (circle one) Existing on Lot / Move In on Lot
(Tipo de propiedad) Apartment Commercial: (type of commercial) _____

Use of the existing building: _____

Responsible Party: _____
(Partido Responsable)

Service Address: _____ Plumbing Permits Pulled? **Y / N**
(Dirección de Servicio)

Name of Mobile Park: _____

Mailing Address: _____
(Dirección de Envío)

Home/Cell Phone: _____ Other Phone: _____
(Teléfono)

Driver's Lic # or ID #/State: _____ Expires: _____
(No. de Licencia de Conducir) (Expiración)

Own Rent Do you wish to make the following monthly contributions? **Y / N**
(Propio) (Renta) Brookshire Volunteer Fire Dept. - \$1.00

Property Owners Name and Phone: _____
(Nombre Del Dueño de la Propiedad)

_____ I am fully aware that there may be water left on or leaks that may cause damage to this address. I will take full
(Initial) responsibility for any damages and water usage that may occur to the restoration of my water Service.

_____ I am fully aware that for the inspections I am responsible for notifying the District when the Sewer Tap will be
(Initial) made (24 hrs prior to tap) and the CSI upon completion of project. ** If required **

In accordance with the Texas Open Records Act, the BMWD must comply with written requests for release of "personal information" regarding utility customer accounts. However, Section 182.054 provides that a government-operated utility may not disclose personal information in a customer's account record if the customer requests that the information be kept confidential.

_____ I give permission for my account information to be made public.

_____ I wish for my account information to be kept confidential.
(Initial)

I hereby declare and affirm, to the best of my knowledge and belief, that all statements and answers as stated herein are full, complete, and true. I, undersigned, fully understand that I am responsible to pay for utility service or other charges which may become due to the BMWD at this address. All persons who sign this application shall be severally liable for any water, sewer, and garbage service charges incurred at this service.

Applicant Signature

Date: _____ **For Office Use Only** S/O No: _____
Account # _____ CSI S/O Date: _____
Deposit Amount: \$ _____ Rec'd: Ck#: _____ MO#: _____ Cash: _____ CC: _____
TX Photo ID verified & copied _____
Service Agreement Rec'd _____ Proof of Ownership Rec'd _____
Addition: _____ Block: _____ Lot: _____ Service Classification: _____
City Limits: _____ Property #: _____

Revised 3/2018

BROOKSHIRE MUNICIPAL WATER DISTRICT

NOTIFICATIONS & ACCOUNT UPDATE REQUEST FORM

Account Number: _____

Account Holder Name: _____

Service Address: _____

Mailing Address: _____

Home Number: _____ Cell Phone Number: _____

Email: _____

Requires proof of change (i.e., death certificate, marriage license, divorce decree, driver's license). If new tenant is taking over account, a new application is required.

Do you wish to receive?

****Billing Notification****

Y/N

(Informs you when your statement/bill is available to pay)

****General Notification****

Y/N

(Provides information regarding the water festival, bad weather alerts, boil water notices and leak repairs, etc.)

Email Billing

Y/N

Email Late Notice/Cutoff

Y/N

******* MUST MAIL ALL LATE NOTICE/CUTOFF NOTICES *******

All bills are due on the 16th of each month, failure to receive bill and / or notifications does not waive any penalties.

Account Holder Signature

Date

Employee Signature

Date (posted to the account)