Fort Griffin Special Utility District

1180 C.R. 109

Albany, TX 76430

Phone: 325-762-2575 Fax: 325-762-2460

**Water Service Application**

*Applications must be thoroughly completed. Please print in ink or type.*

*A map of, or detailed directions to, the service location requested must be attached.*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of Ownership: Date of Deed \_\_\_\_\_\_\_\_\_\_\_\_ Vol.\_\_\_\_\_\_\_\_ Page:\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you reside at the property where your water service connection will be located? YES [ ] NO [ ]

If “No” please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use: continual \_\_\_\_\_\_\_\_\_ seasonal \_\_\_\_\_\_\_\_\_ infrequent \_\_\_\_\_\_\_\_

Acreage \_\_\_\_\_\_\_\_\_\_ # in family \_\_\_\_\_ House sq. ft. \_\_\_\_\_\_\_ Pasture only \_\_\_\_\_ # of livestock \_\_\_\_\_\_\_

Brief legal property description (include road name, subdivisions, lot & block #, 911 address, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of miles \_\_\_\_\_\_\_\_ East\_\_\_\_\_\_\_\_ West\_\_\_\_\_\_\_\_ North\_\_\_\_\_\_\_ South\_\_\_\_\_\_ of (town) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Joins property of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but we are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

[ ] White, not of [ ] Black, not of [ ] American Indian or [ ] Hispanic [ ] Asian or [ ] Other [ ] Male

 Hispanic Origin Hispanic Origin Alaskan Native Pacific (Specify) [ ] Female

 Islander

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This institution is an equal opportunity provider.

*Esta instituciόn es un proveedor de servicios con iguaidad de oportunidades*

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Corporation use only:

Deposit/Equity Buy-in Fees Rec’d (amt.) \_\_\_\_\_\_\_\_\_ Ck # \_\_\_\_\_\_\_ Date Approved \_\_\_\_\_\_\_\_ Meter installed \_\_\_\_\_

Acct. # \_\_\_\_\_\_\_\_\_ Route # \_\_\_\_\_\_\_\_\_\_ Reading Seq. #\_\_\_\_\_\_\_\_\_