

City of Marfa
 Application for Residential Service
 _____ **Water** _____ **Natural Gas**

This institution is an equal opportunity provider.

Last Name	First Name	Middle	Date of Birth
Driver License No. /Other I.D.	Home Phone #	Mailing Address:	
Employer	Work Phone No.	Landlord (if Rental Unit)	
Service Location	Type of Structure	Home – Apartment – Mobile- Commercial	
Spouse/Other Responsible Party	Driver License No.	Date of Birth	

I hereby make application and agree to take _____ water, sewer, and sanitation service from the City of Marfa, and/or _____ natural gas service from the City of Marfa, at the above location, and agree to pay to the City of Marfa, at its office, for all such service furnished to Customer during the period for which said billing is rendered, according to the amount thereof, as measured by meter, and in accordance with the standard rates and regulations of City of Marfa as from time to time may be established for such class of services. I understand that a credit check may be performed and that unsatisfactory performance of this agreement may result in a negative report to credit agencies. Accounts must be in the name of the owner, or the lessee if rental property. A copy of the lease agreement may be required to establish responsibility.

See reverse side for additional requirements re: New Natural Gas Customer Safety Information and Water Conservation. **I understand that I am required to install a cut-off valve within six months of the date of this application. A separate agreement is required. I further understand that I must comply with the regulations regarding sanitary control of the water system including the possibility of installing a backflow prevention device.**

The City of Marfa acknowledges receipt from the Customer of _____ \$_____ as water deposit and/or _____ \$_____ as a natural gas deposit to secure the faithful performance of this agreement by the Customer and the payment of any other claim against the Customer now owned or hereafter acquired by the City of Marfa and upon the expiration of this agreement the City of Marfa will, subject to the terms of deposit receipt given to the Customer herewith, refund

deposits less final bill, if any. Service disconnected due to non-payment may subject the application to an increase in the required deposit amount.

Customer acknowledges receipt of "Confidentiality Notice," "Water Service Agreement and Natural Gas Service Agreement," and agrees to the provisions therein. A copy of the portion of the City of Marfa Code regarding "Public Services" is available upon request.

SIGNED: _____

APPROVED:

BY: _____
City Of Marfa

DATE: _____

The following information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination. You are not required to furnish this information, but 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 the individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino ____ Not Hispanic or Latino Gender: Male ____ Female ____
Race: (Mark one or more) White ____ Black or African American ____ Asian ____
American Indian/Alaska Native ____ Native Hawaiian/Pacific Islander ____

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I hereby request the City of Marfa to disconnect service as indicated above.

SIGNED: _____

APPROVED:

BY: _____

DATE: _____