

Date _____

CITY OF KILLEEN
APPLICATION FOR TRANSFER OF SERVICES
WATER • WASTEWATER • GARBAGE

Name _____ CID _____
(please print) First MI Last

Social Security number _____

(The disclosure of social security number is mandatory, by authority of Ordinance No. 99-10, to be used for the purpose of fraud prevention and collection.)

Mailing address (if different from service address) _____

Home phone _____ Work phone _____

Work Order # _____

Disconnect service at: _____ LID _____ CYCLE _____

Date for disconnection _____

9:00 a.m. – 12:00 p.m.

Work Order # _____

Connect service at: _____ LID _____ CYCLE _____

Date for new connection _____

PLEASE CIRCLE THE TIME PERIOD WHEN SOMEONE CAN BE AT THE SERVICE ADDRESS FOR THE WATER TO BE TURNED ON.

9:00 a.m. – 12:00 p.m. 1:00 p.m. – 5:00 p.m.

The water can be connected or disconnected from 5:00 p.m. to 7:00 p.m. Monday through Friday and on weekends and holidays from 8:00 a.m. – 5:00 p.m. **An additional service fee is required for this service.**

Applicant's signature _____

YOUR WATER WILL BE TURNED ON ACCORDING TO THE SERVICE DATE AND TIME YOU HAVE INDICATED ABOVE. PLEASE VERIFY THIS DATE AND TIME. IT IS RECOMMENDED THAT YOU BE THERE TO MAKE SURE NO WATER DAMAGE OCCURS.

RELEASE

I HEREBY RELEASE THE CITY OF KILLEEN FROM ANY RESPONSIBILITY DUE TO WATER DAMAGE OR BROKEN LINES AS A RESULT OF THE WATER BEING TURNED ON.

Date

Applicant's signature