App. #_____

City of Raymondville
Code Enforcement Department
Application for Sanitary Sewer Service

Date:_____ Permit#_____ Amount:_____
Name:_____
Mailing Address:_____
Legal Description:_____
_____
_____

North Alamo Water Supply Corporation Water Meter Account Number:_____

I/we _____ agree to pay monthly sanitary sewer service fees, reconnect fees and all other charges set out in North Alamo Water Supply Corporation's tariff, to City of Raymondville through the North Alamo Water Supply Corporation's billing office. If I/we fail to pay the monthly fees for sanitary sewer service, I/we authorize and agree to allow North Alamo Water Supply Corporation to disconnect my/our water meter and to withhold water service until all amounts due for water service, sanitary sewer service, as well as re-connect fees and all other charges set out in the North Alamo Water Supply Corporation's tariff or established by City Ordinance, for all of my/our accounts, are paid in full.

_____ _____
Signature of Applicant(s) Date

_____ _____
Permit Issued By Date

(For use by the CITY Utility Billing Department)

The City of Raymondville requests that North Alamo Water Supply Corporation begin charging the above named Applicant(s) for monthly sanitary sewer service. North Alamo Water Supply Corporation's Board may, from time to time, change its rates. This request is effective upon receipt of this application by North Alamo Water Supply Corporation and charges will be reflected in North Alamo Water Supply Corporation's next billing cycle.

_____ _____ _____
Cashier/Clerk Receipt No. Date

_____ _____
Approved By Date