THE CITY OF

BALCH SPRINGS

GROWING COMMUNITY

OFFICE USE ONLY

Account # _____TX DL or ID# _____ ST_____DOB_____

Connect Date _____AM/PM Receipt#_____ Received By_____

PLEASE PRINT Type of Service: Application for Temporary Service

Date On: _____/_____/_____ Date Off: _____/_____/_____

Name or Company_____SS#FID_____
Last First Middle

Name of Spouse or Alternate Acct Inquirer_____SS#_____

Service Address_____ Home/Cell Phone No._____

Billing Address_____City_____ST_____Zip_____

Email Address_____

PLEASE READ CAREFULLY

Customer or Customer's Representative **MUST** be on the premises at the service location when the service person arrives. Additional Service calls will require a service charge that will be billed to the Applicant.

**********$35.00 Non-Refundable Charge for seven (7) working days**********

Any water usage over 5,000 gallons will be billed by separate statement and there is no solid waste service with the temporary service.

Customer's Signature: _____