

DEANVILLE WATER SUPPLY CORPORATION

P.O. Box 153

Deanville, Texas 77852

Phone: 979-535-4648 / Fax: 979-535-3308

TCEQ PWS ID #0260014

CORPORATION USE ONLY

Date Approval: _____

Service Classification: _____

Cost: _____

Work Order Number: _____

Eng. Update: _____

Account Number: _____

Service Inspection Date: _____

Please Print: Date: _____

APPLICANT'S NAME: _____

SPOUSE/CO-APPLICANTS NAME: _____

CURRENT BILLING ADDRESS:

FUTURE BILLING ADDRESS:

PHONE NUMBER: Home (____)-____-____ Cell (____)-____-____

Work (____)-____-____ Email address: _____

PROOF OF OWNERSHIP PROVIDED BY _____

DRIVER'S LICENSE NUMBER OF APPLICANT _____

LEGAL DESCRIPTION OF PROPERTY (Include name of road, subdivision with lot and block number)

PREVIOUS OWNER'S NAME AND ADDRESS (If transferring Membership)

ACREAGE _____

HOUSEHOLD SIZE _____

NUMBER IN FAMILY _____

LIVESTOCK & NUMBER _____

SPECIAL SERVICE NEEDS OF APPLICANT _____

NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY. A MAP OF SERVICE LOCATION REQUEST MUST BE ATTACHED.