PAULS VALLEY

Pauls Valley Municipal Authority
Request for Residential Service

FEE: $50.00 – Deposit $10.00 - Transfer

Name: (please print) _____
First Middle Initial Last

Social Security #_____**Drivers License #**_____

Previous Address:_____

Address of New Service Request:_____

Home Phone #:_____**Cell Phone #:**_____

Do you: (circle one) Own Rent Landlord Name:_____

Billing Address if
Different from Service Address:_____

Co-Tenant / Spouse:_____
First Middle Initial Last

Co-Tenant/Spouse Phone #_____

Applicant Signature:_____**Date:**_____

Adult Must Be Present at the Residence at the Time Water is to be Turned On

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For Office Use Only

Receipt #_____ **Account #**_____

- ☐ Proof of Residence
- ☐ Social Security Card
- ☐ Picture ID
- ☐ Deposit / Transfer Fee