

Renter Service Application

Lindale Rural Water Corporation
P.O. Box 756, Lindale Texas 75771
Phone (903) 882-3335 Fax (903) 882-6822

Date: _____ # of Occupants: _____ Acct # _____

Applicant's Name: _____

C/o Applicant: _____

Address Moving From: _____

Address Moving To: _____
(Service Address)

Mailing Address: _____

Email: _____

Home Phone: _____ Secondary Phone: _____

Driver's License # (Required) _____ (NEED COPY)

Owner's Information:

Name: _____ Phone: _____

Address: _____

**BY SIGNING THIS I UNDERSTAND THAT PAYMENT OF MY
WATER BILL IS DELINQUENT AFTER THE 15TH OF EACH
MONTH AND IS SUBJECT TO DISCONNECTION.**

Print: _____ Signature: _____

INFORMATION NEEDED ALONG WITH THIS APPLICATION:

- 1 LEASE OR RENTAL AGREEMENT
- 2 IDENTIFICATION CARD

WATER SERVICE IS TEMPORARY UNTIL ALL PAPERWORK IS COMPLETED.

Billing, Lock Procedures, and Payment Method

Billing:

* We start reading meters around the 15th of each month. Bills go out the last working day of the month and are Due the 15th of each month.

* On the 16th of the month, NO LATE NOTICE will be sent but \$10.00 late fee will be added to your account. Disconnect Date will be on the 26th of the month.

Locks:

* If Payment has not been received by 8:00am on the scheduled day of Locks for Non-Payment, a \$25.00 Disconnect Fee will be added to your Account and you are subject to being Locked for Non-Payment. If your Meter does get Locked, you will be Required to Pay an additional \$25.00 Reconnect Fee to Unlock the Meter.

* IF ZIP TIE OR LOCK IS REMOVED FROM OUR METER (which is tampering) YOU WILL BE FINED \$100.00 FOR 1ST OFFENSE. REPEAT OFFENDERS WILL BE SUBJECT TO HIGHER FINES OR LOSS OF SERVICE.

*** No Unlocks Will Be Done After Hours. ***

Payment Options:

* We have a drive thru window at the LRW office and we accept Checks or Money Orders. There is also a Drop Box for after hours payments available (Please note: There is a \$20.00 fee for Returned Checks)

* Automatic Bank Drafts - - Drafted on the 13th of each month, Except when the 13th falls on a Sat., then the draft will be done on Friday the 12th. If it falls on a Sun., the draft will be done on Monday the 14th. There is No charge for your Account to be Drafted each month. (Please Note: There is a \$20.00 fee for returned Drafts)

* Payment by Phone: (903) 730-6769

* Online: lindaleruralwater.com

There is a Charge for paying by credit/debit card by Phone or Online. You will be told the Total Amount to be paid, including the charge for paying your bill - BEFORE your credit/debit card is charged.

*** By signing this notice, I am acknowledging that I have read and understand the billing methods of this company.

Date:

Print Name

Signature

THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS ON THE BASIS OR RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE COMPANY IS REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

ETHNICITY:

HISPANIC OR LATINO _____

NOT HISPANIC OR LATINO _____

RACE:

1. AMERICAN INDIAN/ALASKA NATIVE

2. ASIAN _____

3. BLACK OR AFRICAN AMERICAN _____

4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____

5. WHITE _____

GENDER IN HOUSEHOLD: (HOW MANY OF EACH)

MALES _____

FEMALES _____





Lindale Rural Water Supply Corporation

P.O. Box 756 Lindale, TX 75771 Phone: 903-882-3335 Fax: 903-882-6822

MONTHLY BANK DRAFT AUTHORIZATION
(Voided Check is required)

NAME: _____

SERVICE _____
ADDRESS: _____

CUSTOMER ACCOUNT # _____

HOME PHONE: _____

ALTERNATE PHONE: _____

E-MAIL ADDRESS: _____

BANK: _____

BANK ROUTING #: _____

BANK ACCOUNT #: _____

I Authorize Lindale Rural Water Supply Corp. to draft my bank account on the 13th of every month for my water bill.

Date

Signature

Lindale Rural Water (903) 882-3335 / Fax # (903) 882-6822