



Utility Billing Division

300 Country Club Road
Wylie, Texas 75098
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New Water Service Application Form

Name (please print)		Date	Service Date Requested
Service Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Cell Phone		
Business Phone	E-mail Address		
Date of Birth (month/day/year)	Drivers License (include State)	Social Security Number	
Employer Name (please print)			
Employer Address	City	State	Zip

The City of Wylie will verify the information and Social Security number provided by the customer on this application. State law does allow the customer to keep some or all personal information confidential.

Please initial the appropriate line below of your choice concerning personal information release.

_____ I agree that only my name and address be provided to local businesses.

_____ I request that all of my personal information be kept confidential.

The following people may get information on my account.

	Name	Relationship	Place of Residence
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

The required deposit must be paid prior to start of service. If I move from this address, I will provide the City of Wylie a written notification stating the date for disconnection, the forwarding address and a phone number where I may be contacted. **I understand that I am responsible for the water bill until the City of Wylie receives a disconnection notice in writing.**

Signature Date