

**CREDIT APPLICATION FOR POLK COUNTY  
FRESH WATER SUPPLY DISTRICT NO. 2**

2619 FM 3459  
P.O. Box 2250  
Onalaska, TX 77360  
Phone: 936-646-5977  
Fax No.936-646-7044  
pcfwsd2@eastex.net

Account No. _____
Amount of Deposit _____
Deposit Receipt No. _____

**ALL BLANKS MUST BE COMPLETED BEFORE APPLICATION WILL BE ACCEPTED**

\*\*\*If no source of income, applicant will be required to have a co-signer with good standing credit with the district and a current ID. (See below)\*\*\*

Full Name of Applicant \_\_\_\_\_ Turn on Date \_\_\_\_\_

Subdivision \_\_\_\_\_ Service Address: Sec \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Home Phone \_\_\_\_\_ Billing Address \_\_\_\_\_

911 Address \_\_\_\_\_ E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ S/S Number \_\_\_\_\_ TX I.D. or current License \_\_\_\_\_  
*(Copy of ID required)*

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Address of Employer \_\_\_\_\_ City & Zip \_\_\_\_\_

**If a second adult is to reside in same household, please fill in the following information:**

Full Name of Spouse or other Responsible Adult \_\_\_\_\_

Date of Birth \_\_\_\_\_ S/S Number \_\_\_\_\_ TX I.D. or current License \_\_\_\_\_  
*(Copy of ID required)*

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Address of Employer \_\_\_\_\_ City & Zip \_\_\_\_\_

Name of Previous Owner \_\_\_\_\_ Renting \_\_\_\_\_ Owner Finance \_\_\_\_\_

Previous Owner's Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Homesteaded: Yes \_\_\_ No \_\_\_ Number of Lots Home on \_\_\_\_\_ Number of Lots Standby Due On \_\_\_\_\_

**CO-SIGNER INFORMATION**

Full Name of Applicant \_\_\_\_\_ Turn on Date \_\_\_\_\_

Subdivision \_\_\_\_\_ Service Address Sec \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Billing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ S/S Number \_\_\_\_\_ TX I.D. or current License \_\_\_\_\_  
*(Copy of ID required)*

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Address of Employer \_\_\_\_\_ City & Zip \_\_\_\_\_

**I, as co-signer of this credit application, agree to accept full financial responsibility for payment on this account should the balance due become more than 60 days delinquent.**

\_\_\_\_\_  
Signature of Co-Signer

\_\_\_\_\_  
Date

**THE FOLLOWING SERVICE OPTIONS ARE AVAILABLE TO QUALIFYING CUSTOMERS**

**AUTOMATIC BILL PAYMENT THROUGH BANK DRAFTING OPTION**

Automatic bill payment service is available through bank drafting. (See attached sheet for more detail.)

**CONFIDENTIALITY OPTION**

According to State Law, the information on your account is open to the public unless you request confidentiality. All customers are eligible for this option. This will keep all personal information, such as address, phone number and social security number confidential from the general public.

<input type="checkbox"/>	I <b>Do Not</b> request that my account information be kept confidential.
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<input type="checkbox"/>	I request that my account information be kept confidential.
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**NOTICE TO PROPERTY OWNERS:** Payment of Municipal Utility District property tax is required to obtain water service. Failure to keep property tax payments current will lead to discontinuance of **water service**.

**NON-PAYMENT OF FEES:** Polk County Fresh Water Supply District #2 has an agreement with the water supply companies to disconnect water service for non-payment of sewer fees. A lien is filed for non-payment of Standby Fees. All past due accounts are turned over to a collection agency for collection. All collection agency fees and collection costs are charged back to customers.

**APPLICATION AGREEMENT:** I have read and understand the terms, conditions, and restrictions of the service agreement. I further acknowledge failure to abide by said restrictions shall, at a minimum, lead to discontinuance of **water service**.

I hereby apply for sewer service and/or standby fees at the above address to be furnished at the standard rates and under terms and conditions of said District as from time to time established for such class of service. The deposit will be held until Applicant discontinues service, or until a period of two years of on time payments, to guarantee the payment of bill of whatever nature that may be due. When service has been discontinued that deposit will be applied to the **final** bill. If any deposit, greater than \$2.00 is left, it will be refunded. I understand that failure to render payment within time prescribed on the bill will mean discontinuance of **water service**. Further, if the District incurs additional expense for past due collections, I agree to pay all costs of collections.

\_\_\_\_\_  
APPLICANT'S SIGNATURE  
(I have read the conditions of attached application agreement.)

\_\_\_\_\_  
DATE OF APPLICATION

ACCEPTED AND APPROVED:

\_\_\_\_\_  
District Representative

F9_____	F10_____
Tax Roll _____	
Rate Code: _____	
Initials: _____	
<i>For Office Use Only</i>	