

**HARRIS COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT NO. 136**  
**APPLICATION FOR WATER/SEWER SERVICE**  
(Please print or type)

Service Address: \_\_\_\_\_ Service Subdivision: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own Property? \_\_\_\_ (please provide copy of deed)

Agent/Other? \_\_\_\_ (please provide agency agreement)

Agent for: \_\_\_\_\_

Rent/Lease Property? \_\_\_\_ (please provide rental/lease agreement)

First Date of Service: \_\_\_\_\_

Applicant:

I understand that any deposit required with an application for service will be refunded only to the extent that expenses of the District do not exceed the deposit, and that the District may request an additional deposit. I understand that tap fees are not refundable. I represent that the information on and furnished with this application is true and correct, and I understand that false information will result in denial of this application. I have received and reviewed the District's Rate Order.

Owner:

If the property subject of this application is subject to an agency relationship or is a rental or lease property, I, as owner of the property understand that if service is terminated to such property, I am jointly and severally liable with the renter/lessee or my Agent for any fees and/or changes that are due to the District prior to any service reconnection.

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature (if not Applicant): \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

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**For District Use Only**

Date Application \_\_\_\_\_ Application Fee \_\_\_\_\_ Date: \_\_\_\_\_

Received: \_\_\_\_\_ Collected (if applicable): \$ \_\_\_\_\_ Initials: \_\_\_\_\_

Tap fee collected: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Construction Authorized: \_\_\_\_\_ Date Tap Installed: \_\_\_\_\_

Service Inspection Dates: \_\_\_\_\_ Certification Received: Date: \_\_\_\_\_ Initials: \_\_\_\_\_