



**Weston Water Supply Corporation**

P. O. Box 158  
406 Chicken Street  
Weston, Texas 75097  
(972) 382-2445  
westonwater@gmail.com

**ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNT**

**CURRENT OWNER INFORMATION:**

NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby authorize Weston Water Supply Corporation to send all billings on this account to the person(s) and address below until further written notice:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I understand under this agreement that I will be given notice by the Corporation of all delinquencies on this account prior to disconnection of service. A notification fee in the amount of \$15.00 will be charged to the account in accordance with the provisions of the Corporation's tariff.

I also understand that I am responsible to see that this account balance is kept current, as is any other account in the Corporation. This account shall not be reinstated until all debt on the account has been retired.

\_\_\_\_\_  
Signature

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

'This organization is an equal opportunity provider and employer'



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**TENANT INFORMATION**

NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NEXT OF KIN (Not living with you): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

I understand that I am responsible to have the water bill paid by the last day of each month. I understand that I will be subject to disconnection if the account is past due 30 days and my water bill is not paid or arrangements to pay have not been made. I also understand that if my landlord is notified of my delinquency, I will be charged an additional \$15.00 for notification.

Should my service be disconnected due to my delinquent account I will have to pay \$50.00 for disconnect/reconnect fees plus my delinquent account balance before service is reconnected.

\_\_\_\_\_  
Tenant Signature

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



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The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race: (Mark one or more):

White

Black or African American

American Indian/Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Gender:

Male

Female

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