

App. # \_\_\_\_\_

**City of Raymondville  
Code Enforcement Department  
Application for Sanitary Sewer Service**

Date: \_\_\_\_\_ Permit# \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

**North Alamo Water Supply Corporation Water Meter Account Number:** \_\_\_\_\_

I/we \_\_\_\_\_ agree to pay monthly sanitary sewer service fees, reconnect fees and all other charges set out in North Alamo Water Supply Corporation's tariff, to City of Raymondville through the North Alamo Water Supply Corporation's billing office. If I/we fail to pay the monthly fees for sanitary sewer service, I/we authorize and agree to allow North Alamo Water Supply Corporation to disconnect my/our water meter and to withhold water service until all amounts due for water service, sanitary sewer service, as well as re-connect fees and all other charges set out in the North Alamo Water Supply Corporation's tariff or established by City Ordinance, for all of my/our accounts, are paid in full.

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit Issued By

\_\_\_\_\_  
Date

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**(For use by the CITY Utility Billing Department)**

The City of Raymondville requests that North Alamo Water Supply Corporation begin charging the above named Applicant(s) for monthly sanitary sewer service. North Alamo Water Supply Corporation's Board may, from time to time, change its rates. This request is effective upon receipt of this application by North Alamo Water Supply Corporation and charges will be reflected in North Alamo Water Supply Corporation's next billing cycle.

\_\_\_\_\_  
Cashier/Clerk

\_\_\_\_\_  
Receipt No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date