

APPLICATION FOR TRANSFER OF RESIDENTIAL WASTEWATER SERVICE

City of Dripping Springs 511 Mercer Dripping Springs, Texas 78620 (512) 858-4725

Name of Applicant	TX D.L. or ID No	D.O.B
Service Address (premises to be served)		
Mailing Address (if different)		Phone No
Owner/Manager of premises to be se	rved (if different from applicant)	
Date of TRANSFER of premises:	Initial date of applic	cant's occupancy
Number of persons occupying premis	ses to be served:	Number of minors:
Employer Ad	ddress	Phone No
Two persons to contact in event of emergency (other than the Applicant and not living at this address):		
Name A	ddress	Phone No
Name A	ddress	Phone No
the City a Transfer Fee of \$30.00 appear on my first sewer statemen the City's website, cityofdrippingsprint understand that the Application February installation of the sewer collection lineagree to be responsible for constrate to the residential structure. If agree to be personally responsible wastewater service to the Service Admitterest and other charges for delinquiate it may be amended from time to time	t. I understand that a copy of the C gs.com. ee was paid by the prior service and tap to the property line of ruction, installation and maintenance of the country of the	applicant and included the City's f the Service Address; however I ance of the sewer line from the e deposits and other charges for be subject to service termination,
Applicant's signature	Date or	f Application:
Applicant's name printed		
	FOR CITY USE ONLY	
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	City's Represe	entative