

**CITY OF TOYAH**  
**APPLICATION FOR WATER UTILITY SERVICES**

\* The following are documents that must be provided with your completed application or your application will not be processed:

- a) Copy of Driver's License
- b) Copy of Business Tax ID (if a business)
- c) Tax Report from Reeves County Appraisal Office noting taxes are paid to date or payment plan details
- d) Proof of Ownership or Lease (Copy of Lease/Rental Agreement or Deed)
- e) Payment of Deposit for services

Residential Account ( )    Commercial Account ( )    Name Change on Account Only ( )

Customer Name: (print name on account) \_\_\_\_\_

Business Name: (if commercial) \_\_\_\_\_

Service Address: (where services will be turned on /performed): \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Tax ID #: (business only) \_\_\_\_\_

Social Security # (applicant SSN): \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Alt Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Additional or Emergency Contact Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify that the information provided is true and correct to the best of my knowledge. I understand that false or misleading information may delay or prevent services from being provided.

**Customer/Applicant**

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

**Trash/ Solid Waste Services:**

**Solid waste and wastewater fees are collected each month on your water bill.**

**Any customers not wanting to pay trash fees must sign a waiver stating why and that they could be charged a fine if caught dumping in the future, otherwise a trash/solid waste fee will be charged accordingly. The City of Toyah reserves the right to determine fine amount.**

**Solid waste rates for use of public City dumpsters:**

Residential    \$19.43 base rate Tax \$1.60                      Commercial    \$55.18 base rate Tax \$4.55

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City of Toyah use only:

City of Toyah, Mayor Name: (print) \_\_\_\_\_ Date: \_\_\_\_\_

Mayor Signature: \_\_\_\_\_

Water Deposit Amount: \$ \_\_\_\_\_ Connection Fee: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT**

**Payment Method: Cash, Check, Credit Card** (*staff, fill in all information and attach copy of receipt of payment to account documentation*)

Select one

**CASH**      Cash amount: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

**Check**      Check #: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Bank: \_\_\_\_\_ Receipt #: \_\_\_\_\_

*(Attach copy of check to this account documentation)*

**Credit Card**      Name on Credit Card: \_\_\_\_\_

Card Type: \_\_\_\_\_

Bank: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_