



APPLICATION FOR WATER & SEWER SERVICE

City of Lago Vista - Utility Billing
PO Box 4727, Lago Vista, TX 78645 | **512-267-1155**
utilitybilling@lagovistatexas.gov

RESIDENTIAL

COMMERCIAL

CONNECT DATE: _____ OWNER _____ TENANT _____ OTHER: _____
SERVICE LOCATION: _____
APPLICANT NAME: _____
MAILING ADDRESS: _____
PHONE #1: _____ PHONE #2: _____ PHONE #1: _____
EMAIL ADDRESS: _____ LANDLORD ACCOUNT: Y N
DL #: _____ STATE: _____ DOB: _____

Need trash/recycling service? Y N Is trash can there? Y N Is recycling can there? Y N

In accordance with Texas Utilities Code, Chapter 182, if resident requests their name, address, and phone number be kept confidential, the City of Lago Vista will not disclose the information except as required or mandated by law. CONFIDENTIAL ACCOUNT? Yes No

Property Owner's Name: _____

Owner's Phone #1: _____ Owner's Phone #2: _____

The undersigned applies for water service subject to all policies and regulations of the Water/Wastewater Department of the City of Lago Vista.

Signature: _____ Date: _____ Request made by phone _____

For office use only:

Deposit Date: _____ Amount: _____ Cash _____ Check # _____ Visa / MC / Disc _____

Account #: _____ Meter # _____ Receipt # _____

Lot: _____ Block: _____ Subdivision: _____ Section: _____

Sewer Septic

Sewer Tap – Date Paid: _____ Amount: _____ Receipt # _____

Sewer Tap – Date Paid: _____ Amount: _____ Receipt # _____

Sewer Tap – Date Paid: _____ Amount: _____ Receipt # _____

Sewer Tap – Date Paid: _____ Amount: _____ Receipt # _____

Customer Service Rep: _____