



**CITY OF LOS FRESNOS
Utility Department
Request Form for Sewer Service**

Date: _____ Permit # _____ Amount: _____

Name: _____ Phone: _____

Mailing Address: _____

Legal Description: _____

East Rio Hondo Water Supply Corporation Water

Meter Account Number: _____

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

Signature of Applicant(s)

Date

Approved by Public Works Director

Date

Issue By

Date

(For use by the City Utility Billing Department)

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

Inspected by Public Works Director

Date

Approved By

Date