

INSTRUCTIONS: First save this file to your computer. Then fill in the blanks under "Customer Information." Save the completed application then email it to: billing2.cmwsc@gmail.com or print and mail it to: Billing, CMWSC, PO Box 305, Camp Wood, TX 78833. Astericked fields are required.

Crown Mountain Water Supply Corporation Customer Information

Application Date:

Service Start Date:

Applicants Name*:

Mailing Address*:

Service Address*:
(911 address)

Applicant's Driver's License #*:

State*:

Applicant's Date of Birth*:

Home Phone:

Cell Phone*:

Work Phone:

E-Mail Address*:

Co-Applicant's Name:

Co-Applicant's Driver's License #*:

State*:

Co-Applicant's Date of Birth*:

Home Phone:

Cell Phone*:

Work Phone:

E-Mail Address*:

Billing Preference:

Email

Hard Copy (USPS)

Both ¹

(Select one)

If you are not the property owner please complete the following:

Owner's Name:

Owner's Mailing Address:

Does Owner get hard copy of bill?

Yes

No

¹ If the Owner gets a copy of the bill, you cannot get both an email and a hard copy bill.

This section for CMWSC

Meter Number: _____ **Meter Rollover Reading:** _____

Meter Location: _____