

**CROSS TIMBERS WATER SUPPLY CORPORATION**

2032 East Hickory Hill Road  
Argyle, Texas 76226  
(940) 584-0780 Fax (940) 584-0781

**REQUEST FOR BULK WATER SERVICE**

Meter \_\_\_\_\_ Non-Member \_\_\_\_\_  
Acct.# \_\_\_\_\_ Drivers License# \_\_\_\_\_

Deposit Required: \$1,800.00

Amount: \_\_\_\_\_ Check# \_\_\_\_\_  Cash  Other

Company Name: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Name of contact person responsible for readings: \_\_\_\_\_

Phone Number of contact person: \_\_\_\_\_

Email Address of contact person: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Area: \_\_\_\_\_

Start Date: \_\_\_\_\_ Duration: \_\_\_\_\_

Weekday:  Weekend:  Both:

Estimated Quantity of Water Needed: \_\_\_\_\_ Gallons

Fire hydrant Meter: B \_\_\_\_\_ K \_\_\_\_\_ Start Reading: \_\_\_\_\_

SN \_\_\_\_\_ End Reading: \_\_\_\_\_

Back Flow Prevention: Airgap  Check Valve  Other

Location of Meter \_\_\_\_\_

\* The availability of water may be limited or denied by the Corporation at anytime, due to emergency or other unforeseen circumstances.

I \_\_\_\_\_ the undersigned, am (authorized to make/ responsible for) this request for service and any subsequent charges for water/ damage to corporation equipment, etc., as a result of this request. I further acknowledge that I have received and reviewed a copy of the Corporation's bulk water rates and that the meter is to be brought in monthly for reading or a photograph of the meter showing the current reading must be emailed in to the office on the last day of each month.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Cross Timbers Water Supply Corporation Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Copy of Rates Provided:  Yes  No