

LAKE KIOWA SPECIAL UTILITY DISTRICT  
133 Kiowa Drive South  
Lake Kiowa, Texas 76240  
940-668-8391

DISTRICT USE ONLY

Date Approved: _____
Service Classification: _____
Cost: _____
Work Order #: _____
Account No.: _____
Service Inspection Date: _____

## SERVICE APPLICATION

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_

CURRENT BILLING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS OF PROPERTY: \_\_\_\_\_

LOT #: \_\_\_\_\_

DWELLING SIZE: \_\_\_\_\_ (in Square Ft.) NUMBER OF INHABITANTS: \_\_\_\_\_

PREVIOUS OWNER'S NAME: \_\_\_\_\_

SPECIAL SERVICE NEEDS OF APPLICANT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NOTE: This service application form must be completed by the applicant(s) only. A map or plat of the service location must be submitted with this application copy as well as a copy of the warranty deed for the location.

### EQUAL OPPORTUNITY PROGRAM:

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

- White, Not of Hispanic Origin     Black, Not of Hispanic Origin     American Indian or Alaskan Native     Hispanic Pacific Islander     Asian or (Specify)     Other     Male  
 Female